

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045479

FILED
Apr 18, 2009
Secretary of State

Entity Name: KARE NURSING SERVICES INC

Current Principal Place of Business:

14655 SW 47 TERRACE
MIAMI, FL 33175

New Principal Place of Business:

10936 SW 156 PLACE
MIAMI, FL 33196 US

Current Mailing Address:

14655 SW 47 TERRACE
MIAMI, FL 33175

New Mailing Address:

10936 SW 156 PLACE
MIAMI, FL 33196 US

FEI Number: 20-4608088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJAMI, KARINA
14655 SW 47 TERRACE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

AJAMI, KARINA
10936 SW 156 PLACE
MIAMI, FL 33196 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAUREL, BEATRIZ
Address: 14655 SW 47 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: AJAMI, ALIA
Address: 14655 SW 47 TERRACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAUREL, BEATRIZ
Address: 10936 SW 156 PLACE
City-St-Zip: MIAMI, FL 33196 US

Title: VP (X) Change () Addition
Name: AJAMI, ALIA
Address: 10936 SW 156 PLACE
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ LAUREL

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date