2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107903

LAUDERDALE LAKES, FL 33311

City-St-Zip:

Entity Name: CARE SOLUTIONS NURSE REGISTRY, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	24TH STREET DALE LAKES, F	L 33311			
Current Mailing Address:			New Mailing Address:		
	24TH STREET DALE LAKES, F	L 33311			
FEI Number	: 26-3860994	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
12914 SW MIRAMAR The above in the State	e named entity s e of Florida.	T US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU		ic Signature of Registered Ag	ont	 Date	
	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () MATHELIER, M 12914 SW 42NI MIRAMAR, FL	O STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VS () WILLIAMS, SNO 3701 NW 24TH		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: MELANIE O. MATHELIER PT 04/29/2009