2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000014294

BONITA SPRINGS, FL 34135

City-St-Zip:

FILED May 01, 2012 Secretary of State

Entity Name: NURSES CONCIERGE HOME HEALTH CARE INC.

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 221	ITA BEACH R 5 PRINGS, FL			
Current Mailing Address:			New Mailing Address:	
SUITE 221	ITA BEACH R 5 PRINGS, FL			
FEI Number:	: 27-4895980	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address of	New Registered Agent:
	EŃCIA DR FL 34120 I	JS submits this statement for the բ	ourpose of changing its registered	office or registered agent, or both,
SIGNATUF				
01014/1101		nic Signature of Registered Ag	ent	Date
OFFICERS	S AND DIREC	CTORS:		
Title: Name: Address: City-St-Zip:		ONIA BEACH ROAD SE NGS, FL 34135		
Title: Name: Address:	S RICARDO, JU 9240 BONITA	AN C BEACH ROAD SE		

I hereby 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 all other like empowered.

SIGNATURE: SONIA NAVARRO PRS 05/01/2012