# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2008**
**Secretary of State**

DOCUMENT# P15746

**Entity Name:** NURSEFINDERS, INC.

**Current Principal Place of Business:**

524 E LAMAR BLVD
#300
ARLINGTON, TX 76011 US

**New Principal Place of Business:**

**Current Mailing Address:**

524 E LAMAR BLVD
#300
ARLINGTON, TX 76011 US

**New Mailing Address:**

**FEI Number: 75-1473273** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LIVONIUS, ROBERT
Address: 524 E LAMAR BLVD #300
City-St-Zip: ARLINGTON, TX 76011

Title: DS ( ) Delete
Name: FRIEDRICHS, CHRIS
Address: 524 E LAMAR BLVD #300
City-St-Zip: ARLINGTON, TX 76011

Title: T ( ) Delete
Name: MCCOLPIN, PATRICK
Address: 524 E LAMAR BLVD #300
City-St-Zip: ARLINGTON, TX 76011

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: KRASKA, LAWRENCE P
Address: 5901 BROKEN SOUND PARKWAY, #500
City-St-Zip: BOCA RATON, FL 33487

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: CHRIS FRIEDRICHS S 01/03/2008

Electronic Signature of Signing Officer or Director Date