

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007284

Entity Name: NURSING NETWORK, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4725 NORTH FEDERAL HIGHWAY
ATTN: LEGAL AFFAIRS DEPT.
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1145192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLY CROSS HOSPITAL, INC.
4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308 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: PCEO () Delete
Name: JOHNSON, JOHN C
Address: 4725 NORTH FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: CTS () Delete
Name: WELSH, SUSAN SR, RSM
Address: 3333 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 15213

Title: T () Delete
Name: TURNER, DEAN
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WILFORD, LINDA V
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN C. JOHNSON

PCEO

04/26/2005

Electronic Signature of Signing Officer or Director

Date