

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002893

FILED
Jan 16, 2008
Secretary of State

Entity Name: NURSE RESPONSE, INC.

Current Principal Place of Business:

4320 SHERIDAN ST.
HOLLYWOOD, FL 33201

New Principal Place of Business:

6700 N ANDREWS AVE STE 610
FT LAUDERDALE, FL

Current Mailing Address:

7711 CARONDELET AVE.
SUITE 800
SAINT LOUIS, MO 63105

New Mailing Address:

FEI Number: 20-4730372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: SCHEFFEL, WILLIAM N
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

Title: T () Delete
Name: BUTTS, BRIAN
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

Title: D () Delete
Name: NEIDORFF, MICHAEL F
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

Title: S () Delete
Name: SPEARS, JENNIFER
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

Title: D () Delete
Name: DINKELMAN, TRICIA
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

Title: D (X) Delete
Name: WITTY, KAREY L
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

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: D (X) Change () Addition
Name: WILLIAMSON, KEITH
Address: 7711 CARONDELET AVE., SUITE 800
City-St-Zip: ST. LOUIS, MO 63105

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

Title: () Change () Addition
Name:
Address:
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: TRICIA DINKELMAN

D

01/16/2008

Electronic Signature of Signing Officer or Director

Date