2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 316967

Entity Name: CSI CATALANO'S NURSES REGISTRY, INC.

FILED May 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

419 WEST 49TH ST.

SUITE 200

HIALEAH, FL 33012 US

Current Mailing Address: New Mailing Address:

341 COOL SPRINGS BLVD
SUITE 120
FRANKLIN, TN 37067 US

10451 NW 117TH AVENUE
SUITE 110
MIAMI, FL 33178 US

FEI Number: 59-1303456 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:

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US
SODERQUIST, ALAN L
10451 NW 117TH AVENUE
SUITE 110
MIAMI, FL 33178 US

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: ALAN L. SODERQUIST 05/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD () Delete Title: P (X) Change () Addition

Name: SODERQUIST, ALAN L Name: WAGNER, HARVEY A

Address: 341 COOL SPRINGS BLVD, SUITE 120 Address: 10451 NW 117TH AVENUE SUITE 110

City-St-Zip: FRANKLIN, TN 37067 US City-St-Zip: MIAMI, FL 33178 US

Title: VSD () Delete Title: S (X) Change () Addition

Name: EICHLER, DAVID Name: MARBLE, STEPHEN G

Address: 625 AVE. OF THE AMERICAS, FOURTH FLOOR Address: 10451 NW 117TH AVENUE SUITE 110

City-St-Zip: NEW YORK, NY 10011 US City-St-Zip: MIAMI, FL 33178 US

Title: () Delete Title: DEVP () Change (X) Addition

Name: Name: SODERQUIST, ALAN L

Address: Address: 10451 NW 117TH AVENUE SUITE 110

City-St-Zip: City-St-Zip: MIAMI, FL 33178 US

Title: () Delete Title: COO () Change (X) Addition

Name: Name: HOCHHAUSER, STEVEN

Address: Address: 10451 NW 117TH AVENUE SUITE 110

City-St-Zip: City-St-Zip: MIAMI, FL 33178 US

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: ALAN L. SODERQUIST EVP 05/28/2008