

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44406

FILED
Apr 03, 2009
Secretary of State

Entity Name: NATIONWIDE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

18350 NW 2 AVE
SUITE 401
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18350 NW 2 AVE
SUITE 401
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-0260180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVIASOGIE, PURIFICACION F
3404 SHERATON PLACE
MIRAMAR, FL 33025 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: OVIASOGIE, PURIFICACION F
Address: 3404 SHERATON PLACE
City-St-Zip: MIRAMAR, FL 33025

Title: V () Delete
Name: OVIASOGIE, GERALD F
Address: 3404 SHERATON PLACE
City-St-Zip: HOLLYWOOD, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: OVIASOGIE, GERALD F
Address: 17041 NW 23 ST
City-St-Zip: PEMBROKE PINES, FL 33028

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: GERALD OVIASOGIE

V

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date