

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 316967

**FILED**  
**Oct 20, 2009**  
**Secretary of State****Entity Name:** CSI CATALANO'S NURSES REGISTRY, INC.**Current Principal Place of Business:**419 WEST 49TH ST.  
SUITE 200  
HIALEAH, FL 33012 US**New Principal Place of Business:**5803 NW 151ST STREET  
SUITE 204  
MIAMI LAKES, FL 33014 US**Current Mailing Address:**10451 NW 117TH AVENUE  
SUITE 110  
MIAMI, FL 33178 US**New Mailing Address:****FEI Number:** 59-1303456      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SODERQUIST, ALAN L  
10451 NW 117TH AVENUE  
SUITE 110  
MIAMI, FL 33178 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**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** WAGNER, HARVEY A  
**Address:** 10451 NW 117TH AVENUE SUITE 110  
**City-St-Zip:** MIAMI, FL 33178 US**Title:** DVPS      ( ) Delete  
**Name:** SODERQUIST, ALAN L  
**Address:** 10451 NW 117TH AVENUE SUITE 110  
**City-St-Zip:** MIAMI, FL 33178 US**Title:** COO      ( ) Delete  
**Name:** HOCHHAUSER, STEVEN  
**Address:** 10451 NW 117TH AVENUE SUITE 110  
**City-St-Zip:** MIAMI, FL 33178 US**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:**

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: STEVEN HOCHHAUSER

COO

10/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date