

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000013742

Entity Name: SAMY NURSING, CORP

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

4980 PALM AVE  
HIALEAH, FL 33012

## **New Principal Place of Business:**

4980 PALM AVE  
HIALEAH, FL 33012 US

## **Current Mailing Address:**

4980 PALM AVE  
HIALEAH, FL 33012

## **New Mailing Address:**

4980 PALM AVE  
HIALEAH, FL 33012 US

FEI Number: 20-0647271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

DIAZ, ERNESTO  
5801 W 2ND CT  
HIALEAH, FL 33012 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: PSD  
Name: DIAZ, ERNESTO  
Address: 5801 W 2ND CT  
City-St-Zip: HIALEAH, FL 33012 US

Title: VD  
Name: DIAZ, MAURA  
Address: 5801 W 2ND CT  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: ERNESTO DIAZ

PSD

01/14/2010

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

\_\_\_\_\_  
Date