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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: WILLIAM C DENSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N16000004417

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NURSES CARE GLOBAL, INC.

Current Principal Place of Business:

5 PORTOFINO DR STE 1203 PENSACOLA BEACH, FL 32561

Current Mailing Address:

PO BOX 73 GULF BREEZE, FL 32562 US

FEI Number: 81-2243570

Name and Address of Current Registered Agent:

DENSON, WILLIAM 5 PORTOFINO DR STE 1203 PENSACOLA BEACH, FL US

Date

Certificate of Status Desired: Yes

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 | | | [|
|---------------------------|--|-----------------|--------------------------|---|
| Officer/Director Detail : | | | | |
| Title | P | Title | D | |
| Name | DENSON, WILLIAM | Name | DENSON, TAMMY | |
| Address | 5 PORTOFINO DR STE 1203 | Address | 5 PORTOFINO DR STE 1203 | |
| City-State-Zip: | PENSACOLA BEACH FL 32561 | City-State-Zip: | PENSACOLA BEACH FL 32561 | |
| Title | D | Title | т | |
| Name | VELEZ, SHARON | Name | WILEY, MICHAEL | |
| Address | 5 PORTOFINO DR STE 1203 | Address | 779 BEAR MOUNTAIN DR | |
| City-State-Zip: | PENSACOLA BEACH FL 32561 | City-State-Zip: | SAINT PETER'S MO 63376 | |
| Title | S | | | |
| Name | GARDNER, NICOLE | | | |
| Address | 5409 MARANATHA WAY | | | |
| City-State-Zip: | PACE FL 32571 | | | |

01/08/2017

Date