

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

Entity Name: NURSE-ON-CALL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1926 10TH AVE N
SUITE 205
LAKE WORTH, FL 33461

Current Mailing Address:

1926 10TH AVE N
SUITE 400
LAKE WORTH, FL 33461 US

FEI Number: 65-0174227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLIFT, DALE
1926 10TH AVE N
SUITE 400
LAKE WORTH, FL 33461 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSD
Name CLIFT, DALE
Address 1926 10TH AVE N , SUITE 400
City-State-Zip: LAKE WORTH FL 33461

Title CFO
Name HYNES, JAMIE
Address 1926 10TH AVE N , SUITE 400
City-State-Zip: LAKE WORTH FL 33461

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: JAMIE HYNES

CFO

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date