

**2014 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 400  
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

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date