

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000011026

**Entity Name:** NURSING CARE SERVICES, INC.

**Current Principal Place of Business:**

5700 LAKEWORTH RD.  
SUITE 306  
GREENACRES, FL 33463

**Current Mailing Address:**

5700 LAKEWORTH RD.  
SUITE 306  
GREENACRES, FL 33463

**FEI Number:** 30-0461281

**Certificate of Status Desired:** No

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

FERNANDEZ, SIMON  
16892 FOX TRAIL LN.  
LOXAHATCHEE, FL 33470 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 PD  
Name FERNANDEZ, SIMON  
Address 16892 FOX TRAIL LN.  
City-State-Zip: LOXAHATCHEE FL 33470

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:** SIMON FERNANDEZ

PD

04/24/2013

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

\_\_\_\_\_  
Date