

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011026

Entity Name: NURSING CARE SERVICES, INC.

Current Principal Place of Business:

5700 LAKEWORTH RD.,
SUITE 108
GREENACRES, FL 33463

Current Mailing Address:

5700 LAKEWORTH RD.,
SUITE 108
GREENACRES, FL 33463 US

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

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date