## 2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000005448

Entity Name: NURSE ON CALL, INC.

**FILED** Jun 08, 2016 **Secretary of State** CC8357588206

## **Current Principal Place of Business:**

111 WESTWOOD PLACE

SUITE 400

BRENTWOOD, TN 37027

## **Current Mailing Address:**

111 WESTWOOD PLACE SUITE 400

BRENTWOOD, TN 37027 US

FEI Number: 20-3376952 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: CAROLYN VALLE 06/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

DIRECTOR, PRESIDENT, CEO, Title

INTERIM CFO

Title DIRECTOR, EXECUTIVE VICE

**PRESIDENT** 

Name SMITH, T. ANDREW

111 WESTWOOD PLACE

BRENTWOOD TN 37027

Address

Name

Title

RICHARDSON, BRYAN D 111 WESTWOOD PLACE

SUITE 400

SUITE 400 BRENTWOOD TN 37027 City-State-Zip:

City-State-Zip: BRENTWOOD TN 37027

Title COO, DIRECTOR

DIAB. LABEED S. Name

111 WESTWOOD PLACE Address

SUITF 400

SVP Name KRUPP-GORDON, GERI

Address 6737 W. WASHINGTON ST. SUITE 2300

MILWAUKEE WI 53214 City-State-Zip:

Title SVP

City-State-Zip:

Address

LESKOWICZ, JOANNE Name

6737 W. WASHINGTON ST. Address

**SUITE 2300** 

City-State-Zip: MILWAUKEE WI 53214

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.