

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001995

**Entity Name:** S&S NURSING UNLIMITED, INC.**Current Principal Place of Business:**1019 IVY WALL DR.  
HOUSTON, TX 77079**Current Mailing Address:**18405 N.W. 2ND AVENUE  
MIAMI GARDENS, FL 33169**FEI Number:** 45-5209772**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	C
Name	SHANAHAN, JAMES P
Address	1019 IVY WALL DR.
City-State-Zip:	HOUSTON TX 77079

Title	VC/D
Name	SHANAHAN, MICHAEL
Address	3926 WILDWOOD VALLEY COURT
City-State-Zip:	KINGWOOD TX 77345

Title	VP
Name	SHANAHAN, MICHAEL
Address	3926 WILDWOOD VALLEY COURT
City-State-Zip:	KINGWOOD TX 77345

Title	S/T
Name	SHANAHAN, MICHAEL
Address	3926 WILDWOOD VALLEY COURT
City-State-Zip:	KINGWOOD TX 77345

Title	D/P
Name	SWIGER, FRANK J
Address	30101 BONNIE VIEW DR.
City-State-Zip:	WICKLIFFE OH 44092-1185

*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:** FRANK SWIGER**PRESIDENT****01/10/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date