

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # 335366

1. Entity Name
INTERNATIONAL NURSING CENTERS, INC.



Principal Place of Business
3850 HOLLYWOOD BLVD., STE. 400
HOLLYWOOD, FL 33021

Mailing Address
3850 HOLLYWOOD BLVD., STE. 400
HOLLYWOOD, FL 33021



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1270801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT
3850 HOLLYWOOD BLVD., STE. 400
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CORNFELD, ROBERT
STREET ADDRESS 3850 HOLLYWOOD BLVD #400
CITY-ST-ZIP HOLLYWOOD, FL

TITLE VP
NAME CORNFELD, JEFFREY D
STREET ADDRESS 3850 HOLLYWOOD BLVD, STE 400
CITY-ST-ZIP HOLLYWOOD, FL

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CITY-ST-ZIP

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U00000717677
04/30/07-80057-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M Cornfeld

3/19/07

Date

(954) 989 2200

Daytime Phone #