

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557565

Entity Name: NURSE CARE, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

837 NE 20TH AVE
FT. LAUD, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

837 NE 20TH AVE
FT. LAUD, FL 33304 US

New Mailing Address:

FEI Number: 59-1783190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANYLUK, BRADLEY
837 NE 20TH AVE
FT. LAUD, FL 33304 US

Name and Address of New Registered Agent:

DANYLUK, BRADLEY P
837 NE 20TH AVE
FT. LAUD, FL 33304 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: BRADLEY DANYLUK

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEEGER, BARBARA,
Address: 444 CORAL WAY
City-St-Zip: FT LAUDERDALE FL,

Title: STP () Delete
Name: DANYLUK, BRADLEY,
Address: 837 NE 20TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEEGER, BARBARA,
Address: 1323 S. OCEAN DRIVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRADLEY DANYLUK

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date