## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005448

Entity Name: NURSE ON CALL, INC.

**Current Principal Place of Business:** 

FILED Aug 29, 2006 Secretary of State

08/29/2006

Date

1926 10TH AVENUE N, SUITE 205

LAKE WORTH, FL 33461

130 JFK DRIVE, SUITE 203 ATLANTIS, FL 33462	1926 10TH AVENUE NORTH SUITE 205 LAKE WORTH, FL 33461
Current Mailing Address:	New Mailing Address:
130 JFK DRIVE, SUITE 203 ATLANTIS, FL 33462	1926 10TH AVENUE NORTH SUITE 205 LAKE WORTH, FL 33461
FEI Number: 20-3376952 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
Name and Address of Current Registered Agent:  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US	Name and Address of New Registered Agent:  DALE, CLIFT 1926 10TH AVENUE N SUITE 205 LAKE WORTH, FL 33461 US

**New Principal Place of Business:** 

Election Campaign Financing Trust Fund Contribution ( ).

SIGNATURE: DALE CLIFT

Address:

City-St-Zip:

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Title: () Delete (X) Change ( ) Addition CLIFT, DALE CLIFT, DALE Name: Name: 130 JFK DRIVE, SUITE 203 Address: 1926 10TH AVENUE N, SUITE 205 Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: LAKE WORTH, FL 33461 Title: Title: () Change () Addition () Delete Name: MICHALIK, CHRISTIAN P Name: Address: 888 SEVENTH AVE., 16TH FLOOR Address: NEW YORK, NY 10106 City-St-Zip: City-St-Zip: Title: Title: SCD ( ) Delete () Change () Addition CARRUTHERS, CORWYNNE Name: Name: 888 SEVENTH AVE., 16TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10106 City-St-Zip: Title: () Delete Title: CFO ( ) Change (X) Addition JAMIE, HYNES Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JAMIE HYNES CFO 08/29/2006