2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002893

Entity Name: NURSE RESPONSE, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New	New Principal Place of Business:		
	DREWS AVE S RDALE, FL	STE 610		•		
Current Mailing Address:			New	New Mailing Address:		
SUITE 800	ONDELET AVE JIS, MO 63105					
FEI Number: 20-4730372 FEI Number Applied For () FEI		FEI Number No	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name	e and Addres	s of New Registered Agent:	
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324	ID ROAD				
	named entity s e of Florida.	ubmits this statement for the	purpose of chan	ging its registe	ered office or registered agent, or both,	
SIGNATUF	RE:					
	Electroni	ic Signature of Registered Ag	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SCHEFFEL, WII	ELET AVE., SUITE 800	Title: Name: Addres City-Si	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUTTS, BRIAN	Delete ELET AVE., SUITE 800 63105	Title: Name: Addres City-Si	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NEIDORFF, MIC	ELET AVE., SUITE 800	Title: Name: Addres City-Si	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WILLIAMSON, k 7711 CARONDE ST. LOUIS, MO	KEITH ELET AVE., SUITE 800	Title: Name: Addres City-Si	WILLIAN ss: 7711 CA	(X) Change () Addition MSON, KEITH ARONDELET AVE., SUITE 800 JIS, MO 63105	
Title: Name: Address: City-St-Zip:	DINKELMAN, TR	ELET AVE., SUITE 800	Title: Name: Addres City-Si		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Addres City-Si	s: 7711 CA	() Change (X) Addition BRADLEY WELLS RRONDELET AVE IS, MO 63105	

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: TRICIA DINKELMAN DIR 01/19/2009