

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001819

Entity Name: STAR NURSING, INC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

5255 STEVENS CREEK BLVD #155
SANTA CLARA, CA 95051

New Principal Place of Business:

134 VIERRA CIRCLE
FOLSOM, CA 95630

Current Mailing Address:

5255 STEVENS CREEK BLVD #155
SANTA CLARA, CA 95051

New Mailing Address:

FEI Number: 20-0652660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: FROST, NANCY
Address: 7977 BELHAVEN WAY
City-St-Zip: EL DORADO HILLS, CA 95762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FROST, NANCY
Address: 7977 BELHAVEN WAY
City-St-Zip: EL DORADO HILLS, CA 95762

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: NANCY FROST

P

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date