

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004680

FILED
Jan 04, 2010
Secretary of State

Entity Name: LLIBERTY NURSING AGENCY INC.

Current Principal Place of Business:

426 HERBERTSVILLE RD.
BRICK, NJ 08724

New Principal Place of Business:

Current Mailing Address:

426 HERBERTSVILLE RD.
BRICK, NJ 08724

New Mailing Address:

FEI Number: 20-4858064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FLYNN, BRIAN
236 EAST HORNBEAM DRIVE
LONGWOOD, FL 32779 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: CHRM
Name: MEYER, PATRICA
Address: 320 GREENTREE RD.
City-St-Zip: BRICK, NJ 08724

Title: P
Name: MEYER, PATRICA
Address: 320 GREENTREE RD.
City-St-Zip: BRICK, NJ 08724

Title: V
Name: FLYNN, MATTHEW
Address: 58 BENNETTS MILL RD.
City-St-Zip: JACKSON, NJ 08527

Title: ST
Name: FLYNN, PAMELA
Address: 58 BENNETTS MILL RD.
City-St-Zip: JACKSON, NJ 08527

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA MEYER

PRES

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date