

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001598

FILED
Jan 12, 2009
Secretary of State

Entity Name: SELECT NURSING SERVICES, INC.

Current Principal Place of Business:

3820 STATE STREET
SANTA BARBARA, CA 93105

New Principal Place of Business:

Current Mailing Address:

3820 STATE STREET
SANTA BARBARA, CA 93105

New Mailing Address:

FEI Number: 26-1915846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: DCEO () Delete
Name: SORENSEN, D. STEPHEN
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

Title: D () Delete
Name: SORENSEN, SHANNON P
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

Title: P () Delete
Name: SORENSEN, PAUL
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

Title: V () Delete
Name: HULME, RICHARD K
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

Title: C () Delete
Name: MITCHELL, JEFF R
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SORENSEN, D. STEPHEN
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

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

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

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

Title: SEC (X) Change () Addition
Name: MITCHELL, JEFF R
Address: 3820 STATE STREET
City-St-Zip: SANTA BARBARA, CA 93105

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: JEFF MITCHELL

SEC

01/12/2009

Electronic Signature of Signing Officer or Director

Date