

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002101

FILED
Jul 01, 2009
Secretary of State

Entity Name: WORKWAY NURSING CORP

Current Principal Place of Business:

2901 W CYPRESS CREEK RD #108
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2401 W OLIVE AVE #200
BURBANK, CA 91506

New Mailing Address:

FEI Number: 26-1407024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KINTZELE, KEVIN
2132 SE 13 ST
OCALA, FL 34471 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JOHNSTON, DIANE
Address: 28128 PACIFIC COAST HWY
City-St-Zip: MALIBU, CA 90265

Title: VCP () Delete
Name: JOHNSTON, MATT
Address: 28128 PACIFIC COAST HWY
City-St-Zip: MALIBU, CA 90265

Title: DS () Delete
Name: IRIS, ROGER
Address: 3251 COPA DE ORO
City-St-Zip: ROSSMOOR, CA 90720

Title: VP () Delete
Name: AGEE, MICHAEL
Address: 1514 MOHAVE DR
City-St-Zip: COLTON, CA 92324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MATTHEW JOHNSTON

VP

07/01/2009

Electronic Signature of Signing Officer or Director

Date