## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000004764

INDIANAPOLIS, IN 46260

City-St-Zip:

Entity Name: NURSEFINDERS OF INDIANAPOLIS, INC.

FILED Jan 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8925 N. MERIDIAN STREET, SUITE 110 INDIANAPOLIS, IN 46260 **Current Mailing Address: New Mailing Address:** 8925 N. MERIDIAN STREET, SUITE 110 INDIANAPOLIS, IN 46260 FEI Number: 35-1739640 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, ROGER D 875 PELÍCAN COLONY BLVD., #1503 BONITA SPRINGS, FL 34134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BROWN, ROGER D Name: Name: 8925 N. MERIDIAN STREET, SUITE 110 Address: Address: City-St-Zip: INDIANAPOLIS, IN 46260 City-St-Zip: Title: VCVP () Delete Title: () Change () Addition Name: BROWN, SUSAN J Name: 8925 N. MERIDIAN STREET, SUITE 110 Address: 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: ROGER D. BROWN CP 01/19/2009