2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# F09000002574

Entity Name: NURSES' REGISTRY AND HOME HEALTH CORPORATION

Current Principal Place of Business:

3959 SOUTH NOVA ROAD SUITE 34
PORT ORANGE, FL 32127

New Principal Place of Business:

4720 SALISBURY ROAD
JACKSONVILLE, FL 32256

Current Mailing Address:

101 VENTURE COURT SUITE 1A
LEXINGTON, KY 40511

New Mailing Address:

FEI Number: 61-1051992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, CHARLENE
C/O NURSES REGISTRY
3959 SOUTH NOVA ROAD #34
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

WILSON, CHARLENE
C/O NURSES REGISTRY
4720 SALISBURY ROAD
JACKSONVILLE, FL 32256 US

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: _____ 04/28/2010
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP
Name: HOUSE, LENNIE G
Address: 101 VENTURE COURT
City-St-Zip: LEXINGTON, KY 40511

Title: DST
Name: HOUSE, VICKI S
Address: 101 VENTURE COURT
City-St-Zip: LEXINGTON, KY 40511

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: CHARLENE WILSON CPA 04/28/2010
Electronic Signature of Signing Officer or Director — Date