

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002105

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** SAAD'S NURSING SERVICES, INC.

**Current Principal Place of Business:**

1515 UNIVERSITY BOULEVARD SOUTH  
MOBILE, AL 36609

**New Principal Place of Business:**

**Current Mailing Address:**

1515 UNIVERSITY BOULEVARD SOUTH  
MOBILE, AL 36609

**New Mailing Address:**

**FEI Number:** 63-0791251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324 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: PD  
Name: FULGHAM, BARBARA S  
Address: 5917 SHENANDOAH RD N  
City-St-Zip: MOBILE, AL 36608

Title: E VP  
Name: DUNNING, DOROTHY S  
Address: 8101 FAIRWAY VILLA  
City-St-Zip: GAUTIER, MS 39553

Title: COO  
Name: FULGHAM, HENRY B  
Address: 5917 SHENANDOAH RD N  
City-St-Zip: MOBILE, AL 36608

Title: D  
Name: SAAD, GREGORY B  
Address: 34432 STEELWOOD RIDGE ROAD  
City-St-Zip: LOXLEY, AL 36551

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: HENRY B. FULGHAM

COO

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date