

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002105

FILED
Jan 04, 2011
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

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

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date