2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001061

Entity Name: AMERICAN NURSING SERVICES, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3012 26TH STREET 1 GALLERIA BLVD METAIRIE, LA 70002 US SUITE 2200

METAIRIE, LA 70001 US

Current Mailing Address: New Mailing Address:

3012 26TH STREET 1 GALLERIA BLVD METAIRIE, LA 70002 US SUITE 2200

METAIRIE, LA 70001 US

FEI Number: 72-0932147 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:

MYRICK, KIM 1701 W. HILLSBORO BLVD SUITE 401 DEERFIELD, FL 33442 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KAMMER, MARY LEE KAMMER, MARY LEE PRES Name: Name: 3012 26TH STREET 1 GALLERIA BLVD SUITE 2200 Address: Address: City-St-Zip: METAIRIE, LA 70002 City-St-Zip: METAIRIE, LA 70001

 Title:
 S () Delete
 Title:
 S (X) Change () Addition

 Name:
 SPELLMAN, JOHNETTE
 Name:
 SPELLMAN, JOHNETTE SECRETA

 Address:
 3012 26TH STREET
 Address:
 1 GALLERIA BLVD SUITE 2200

City-St-Zip: METAIRIE, LA 70002 City-St-Zip: METAIRIE, LA 70001

Title: Title: T () Change (X) Addition

 Name:
 Name:
 RUPERT, KEVÍN CFÓ

 Address:
 Address:
 1 GALLERIA BLVD SUITE 2200

 City-St-Zip:
 City-St-Zip:
 METAIRIE, LA 70001

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: KEVIN RUPERT CFO 01/08/2008