

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001061

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: AMERICAN NURSING SERVICES, INC.

## Current Principal Place of Business:

1 GALLERIA BLVD  
SUITE 2200  
METAIRIE, LA 70001 US

## New Principal Place of Business:

## Current Mailing Address:

1 GALLERIA BLVD  
SUITE 2200  
METAIRIE, LA 70001 US

## New Mailing Address:

FEI Number: 72-0932147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: STEPHANIE ALLISON

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KAMMER, MARY LEE PRES  
Address: 1 GALLERIA BLVD SUITE 2200  
City-St-Zip: METAIRIE, LA 70001

Title: S ( ) Delete  
Name: SPELLMAN, JOHNETTE SECRETA  
Address: 1 GALLERIA BLVD SUITE 2200  
City-St-Zip: METAIRIE, LA 70001

Title: T ( ) Delete  
Name: RUPERT, KEVIN CFO  
Address: 1 GALLERIA BLVD SUITE 2200  
City-St-Zip: METAIRIE, LA 70001

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MARSH, YVONNE DIRECTO  
Address: 1 GALLERIA BLVD SUITE 2200  
City-St-Zip: METAIRIE, LA 70001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: KEVIN RUPERT

OFF

01/14/2009

Electronic Signature of Signing Officer or Director

Date