

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004445

Entity Name: NURSE AUDIT, INC.

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

134 PLEASANT STREET  
PORTSMOUTH, NH 03802

**New Principal Place of Business:**

**Current Mailing Address:**

134 PLEASANT STREET  
PO BOX 6856  
PORTSMOUTH, NH 03802

**New Mailing Address:**

FEI Number: 02-0493283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: DPST  
Name: RUEL-WESTON, SHARON  
Address: 168 PORTSMOUTH AVE PO BOX 853  
City-St-Zip: NEWCASTLE, NH 03854

Title: PTSD  
Name: WESTON, SHARON  
Address: 134 PLEASANT STREET PO BOX 6856  
City-St-Zip: PORTSMOUTH, NH 038026856

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: JANIS SULLIVAN

ACCT

01/24/2010

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

\_\_\_\_\_  
Date