2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J13272

Entity Name: UNITED NURSING SERVICES, INC.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place o	of Business:	
1897 PALM BEACH LAKE BLVD. STE 213			
WEST PALM BEACH, FL 33409 US			
Current Mailing Address:	New Mailing Address	:	
1897 PALM BEACH LAKE BLVD.			
STE 213 WEST PALM BEACH, FL 33409 US			
FEI Number: 59-2688301 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PECARO, VICTOR F 1897 PALM BEACH LAKES BLVD. STE 213 WEST PALM BEACH, FL 33409 US			
The above named entity submits this statement for the $\ensuremath{\beta}$ in the State of Florida.	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: P () Delete	Title:	() Change () Addition	

Name: PECARO, VICTOR F Name: 1897 PALM BEACH LAKE BLVD., STE 213 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip:

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

PECARO, LISA B Name: Name:

1897 PALM BEACH LAKES BLVD. SUITE 213 Address: Address:

WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA B. PECARO VΡ 02/06/2007