

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J20552

Entity Name: NATIONAL NURSING POOL, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311

New Mailing Address:

FEI Number: 59-2747189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANGER JR, JAMES M VP-DIR
1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311 US

Name and Address of New Registered Agent:

URENA, JOSE L P,D
1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311 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: JOSE URENA

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: URENA, JOSE L
Address: 1620 WEST OAKLAND PARK BLVD, #302
City-St-Zip: OAKLAND PARK, FL 33311

Title: PD () Delete
Name: ARANGO, FRANZ PRES
Address: 1620 W OAKLAND PARK BLVD STE 302
City-St-Zip: OAKLAND PARK, FL 33311

Title: VD (X) Delete
Name: STANGER JR, JAMES M VP-DIR
Address: 1620 W OAKLAND PARK BLVD STE 302
City-St-Zip: OAKLAND PARK, FL 33311

Title: VD (X) Delete
Name: BYRNS, DAVID L VP-DIR
Address: 1620 W OAKLAND PARK BLVD STE 302
City-St-Zip: OAKLAND PARK, FL 33311

Title: VD (X) Delete
Name: ABDELMONEN, YEHIA VP-DIR
Address: 1620 W OAKLAND PARK BLVD STE 302
City-St-Zip: OAKLAND PARK, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: URENA, JOSE L P,D
Address: 1620 WEST OAKLAND PARK BLVD, #302
City-St-Zip: OAKLAND PARK, FL 33311

Title: VP,D (X) Change () Addition
Name: JOSEPH, KURT VP,D
Address: 1620 W OAKLAND PARK BLVD STE 302
City-St-Zip: OAKLAND PARK, FL 33311

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

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: KURT JOSEPH

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date