

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED
Aug 29, 2006
Secretary of State

Entity Name: NURSE-ON-CALL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

130 JFK DR
STE 203
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

130 JFK DR
STE 203
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 65-0174227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFT, DALE
130 JFK DRIVE
SUITE 203
ATLANTIS, FL 33462 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CLIFT, DALE
Address: 130 JFK DRIVE, SUITE 203
City-St-Zip: ATLANTIS, FL 33462

Title: CFO () Delete
Name: HYNES, JAMIE
Address: 130 JFK DRIVE, SUITE 203
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: MICHALIK, CHRISTIAN P
Address: 888 SEVENTH AVE., 16TH FL
City-St-Zip: NEW YORK, NY 10106

Title: D () Delete
Name: CARRUTHERS, CORWYNNE
Address: 888 SEVENTH AVE., 16TH FL
City-St-Zip: NEW YORK, NY 10106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JAMIE HYNES

CFO

08/29/2006

Electronic Signature of Signing Officer or Director

Date