

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED
Apr 21, 2008
Secretary of State

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

Current Principal Place of Business:

1926 10TH AVE N
SUITE 304
LAKE WORTH, FL 33461 US

Current Mailing Address:

1926 10TH AVE N
SUITE 205
LAKE WORTH, FL 33461 US

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
1926 10TH AVE N
SUITE 205
LAKE WORTH, FL 33461 US

New Principal Place of Business:

1926 10TH AVE N
SUITE 201
LAKE WORTH, FL 33461 US

New Mailing Address:

1926 10TH AVE N
SUITE 201
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

CLIFT, DALE
1926 10TH AVE N
SUITE 201
LAKE WORTH, FL 33461 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:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CLIFT, DALE
Address: 1926 10TH AVE N , SUITE 205
City-St-Zip: LAKE WORTH, FL 33461

Title: CFO () Delete
Name: HYNES, JAMIE
Address: 1926 10TH AVE N , SUITE 205
City-St-Zip: LAKE WORTH, FL 33461

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: PSD (X) Change () Addition
Name: CLIFT, DALE
Address: 1926 10TH AVE N , SUITE 201
City-St-Zip: LAKE WORTH, FL 33461

Title: CFO (X) Change () Addition
Name: HYNES, JAMIE
Address: 1926 10TH AVE N , SUITE 201
City-St-Zip: LAKE WORTH, FL 33461

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: JAMIE HYNES

CFO

04/21/2008

Electronic Signature of Signing Officer or Director

Date