2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# L79831

Entity Name: DEBORAH'S NURSING SERVICES, INC.

Current Principal Place of Business:

218 E COMMERCIAL BLVD
208-E
LAUDERDALE BY THE SEA, FL 33308 US

New Principal Place of Business:

218 E COMMERCIAL BLVD
UNIT 106
LAUDERDALE BY THE SEA, FL 33308 US

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030 US

New Mailing Address:

FEI Number: 65-0199554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, BRIAN M ESQ
11309 COUNTRYWAY BOULEVARD
SUITE 105
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ROSS, BRIAN M ESQ
12027 WHITMARSH LANE
TAMPA, FL 33626 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: _____ 09/02/2008
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: DPT ( ) Delete
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D ( ) Delete
Name: LEE, THOMAS K
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D ( ) Delete
Name: CWIEK, WILLIAM W
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: S ( ) Delete
Name: PURDUM, JIM S
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

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 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: ROBERT P HOSTLER PRES 09/02/2008
Electronic Signature of Signing Officer or Director — Date