

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79831

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DEBORAH'S NURSING SERVICES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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  
12027 WHITMARSH LANE  
TAMPA, FL 33626 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

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date