2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67585

Entity Name: NURSE CONNECTION, INC.

FILED Aug 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2000 WEST COMMERCIAL BOULEVARD SUITE 117 FORT LAUDERDALE, FL 33316 **New Mailing Address: Current Mailing Address:** 2000 WEST COMMERCIAL BOULEVARD SUITE 117 FORT LAUDERDALE, FL 33316 FEI Number: 65-0029287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANLEY, DAVID F ESQ ANGELO & BANTA, P.A 515 EAST LAS OLAS BOULEVARD 515 EAST LAS OLÁS BOULEVARD SUITE 850 SUITE 850 FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 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: THOMAS P. ANGELO, CEO 08/14/2007 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BUBRICK, GEORGE J Name: Name: 2000 W. COMMERCIAL BLVD., SUITE 117 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BUBRICK, THOMAS F Name: 11501 INTERNATIONAL DRIVE, SUITE 300 Address: Address: ORLANDO, FL 32821 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BUBRICK, JOHN A Name: Name:

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.

Address:

City-St-Zip:

Ρ SIGNATURE: GEORGE J. BUBRICK 08/14/2007

2000 W. COMMERCIAL BLVD., SUITE 117

FORT LAUDERDALE, FL 33316

Address City-St-Zip: