

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005571

FILED  
Jan 28, 2008  
Secretary of State

**Entity Name:** NURSING CONSORTIUM OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5751 SW 58TH COURT  
SOUTH MIAMI, FL 331432349

**New Principal Place of Business:**

**Current Mailing Address:**

5751 SW 58TH COURT  
SOUTH MIAMI, FL 331432349

**New Mailing Address:**

**FEI Number:** 20-0065161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DISTRITO, CLAUDIA  
5751 SW 58TH COURT  
SOUTH MIAMI, FL 331432349 US

**Name and Address of New Registered Agent:**

EGUES, RAFAEL  
5751 SW 58TH COURT  
SOUTH MIAMI, FL 331432349 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: RAFAEL EGUES, JR.

01/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DISTRITO, CLAUDIA  
Address: 2750 COACOOCHIEE STREET  
City-St-Zip: MIAMI, FL 33133

Title: PE ( ) Delete  
Name: STRADI, SILVIA  
Address: 14534 85TH ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S ( ) Delete  
Name: MCSWAIN, GLORIA  
Address: 1460 NW 174TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: QUINTERO, LISA  
Address: 33 NE 89TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: MORLOTE, EVELYN G  
Address: 16374 SW 63RD TERRACE  
City-St-Zip: MIAMI, FL 331935578

Title: D ( ) Delete  
Name: PETIT, ROBIN  
Address: 1521 NE 16TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 333044850

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STRADI, SILVIA  
Address: 14534 85TH ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S (X) Change ( ) Addition  
Name: MCSWAIN, GLORIA  
Address: 1460 NW 174TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: T (X) Change ( ) Addition  
Name: QUINTERO, LISA  
Address: 33 NE 89TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: D (X) Change ( ) Addition  
Name: SUTTON, DOUGLAS  
Address: 1747 NE 45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33334

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

Title: D (X) Change ( ) Addition  
Name: DENKER, ANN-LYNN  
Address: 10 SW SOUTH RIVER DRIVE # PH1-06  
City-St-Zip: MIAMI, FL 33130

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL EGUES, JR.

ED

01/28/2008

Electronic Signature of Signing Officer or Director

Date