

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005571

FILED
Mar 31, 2009
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:

5751 SW 58TH COURT
SOUTH MIAMI, FL 331432349 US

Current Mailing Address:

5751 SW 58TH COURT
SOUTH MIAMI, FL 331432349

New Mailing Address:

5751 SW 58TH COURT
SOUTH MIAMI, FL 331432349 US

FEI Number: 20-0065161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () 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: SUTTON, DOUGLAS
Address: 1747 NE 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

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

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

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:

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

SIGNATURE: RAFAEL EGUES

ED

03/31/2009

Electronic Signature of Signing Officer or Director

Date