2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N03000005720

Entity Name: MENDS COMPASSIONATE NURSING CARE REGISTRY INC.

Current Principal Place of Business:

1452 N. KROME AVE
103A
FLORIDA CITY, FL 33034

New Principal Place of Business:

1450 N. KROME AVE
101A
FLORIDA CITY, FL 33034

Current Mailing Address:

1201 NE 40 ROAD
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 20-0104436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MENDS, LILLIAN Y MRS
1201 NE 40 ROAD
HOMESTEAD, FL 33033 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: D ( ) Delete
Name: FARRINGTON, MARY F RN
Address: 1920 N.W. 167TH STREET
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Delete
Name: EDWARDS, CARLOS MR.
Address: 4871 N.W. 192ND STREET
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: DUHANEY, YOLA MRS
Address: 11680 SW 144TH AVE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: YOUNGKIN, ANITA MS.
Address: P.O BOX 700673
City-St-Zip: MIAMI, FL 33170

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

SIGNATURE: LILLIAN Y. MENDS, RN CEO 04/26/2009

Electronic Signature of Signing Officer or Director — Date