2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 16, 2011
Secretary of State

DOCUMENT# N03000005720

Entity Name: MENDS COMPASSIONATE NURSING CARE REGISTRY INC.

Current Principal Place of Business:

1201 NE 40 ROAD
HOMESTEAD, FL 33033

New Principal Place of Business:

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 ( )**

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:

MENDS, JONATHAN E MR
1201 NE 40 ROAD
HOMESTEAD, FL 33033 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: JONATHAN E. MENDS 05/16/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: LILLIAN, MENDS Y MRS
Address: 1201 NE 40 ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: D
Name: WALLACE, ROBERTS MR.
Address: 11860 SW 273 LANE
City-St-Zip: HOMESTEAD, FL 33032

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

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN Y. MENDS RN, BSN CEO 05/16/2011
Electronic Signature of Signing Officer or Director Date