

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000061525

Entity Name: DIMI NURSING, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1708 CORPORATE DR  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1708 CORPORATE DR  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 65-1030895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICCA, DIANE  
1708 CORPORATE DRIVE  
BOYNTON BEACH, FL 33426 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: PSD  
Name: RICCA, DIANE  
Address: 710 FLAMINGO DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VTD  
Name: RICCA, SUSAN  
Address: 710 FLAMINGO DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33426

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

SIGNATURE: DIANE RICCA

PSD

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date