

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079051

Entity Name: NURSES TO USA, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

500 NW 60TH STREET  
C  
GAINESVILLE, FL 32607

## New Principal Place of Business:

## Current Mailing Address:

500 NW 60TH STREET  
C  
GAINESVILLE, FL 32607

## New Mailing Address:

FEI Number: 59-3669791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAVAL, RAYMUND  
8303 NW 36TH AVE  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

RAVAL, RAYMUND  
13265 SW 6TH AVENUE  
NEWBERRY, FL 32669 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: RAYMUND RAVAL

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAVAL, RAYMUND  
Address: 8303 NW 36TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP ( ) Delete  
Name: RAVAL, JOCELYN  
Address: 8303 NW 36TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAVAL, RAYMUND  
Address: 13265 SW 6TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: VP (X) Change ( ) Addition  
Name: RAVAL, JOCELYN  
Address: 13265 SW 6TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

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

SIGNATURE: RAYMUND RAVAL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date