

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096402

Entity Name: THE NURSES GUILD, INC.

FILED  
Feb 15, 2012  
Secretary of State

**Current Principal Place of Business:**

2261 NE 36TH STREET  
SUITE 1  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2261 NE 36TH STREET  
SUITE 1  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 65-1051466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PHILLIPS, KEVIN  
1613 SE 7TH ST.  
DEERFIELD BEACH, FL 33441      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: VP  
Name: PHILLIPS, LEE  
Address: 1613 SE 7TH ST.  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: PS  
Name: PHILLIPS, KEVIN  
Address: 2261 NE 36 STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T  
Name: THOMAS, RONNIE E  
Address: 2710 NE 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: RONNIE E THOMAS

T

02/15/2012

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

\_\_\_\_\_ Date