

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000109378

FILED
May 29, 2008
Secretary of State**Entity Name:** VICTORIAN NURSING SERVICES, INC.**Current Principal Place of Business:**530 S. FEDERAL HWY., #100
DEERFIELD BEACH, FL 33441**New Principal Place of Business:****Current Mailing Address:**530 S. FEDERAL HWY., #100
DEERFIELD BEACH, FL 33441**New Mailing Address:**10451 NW 117TH AVENUE
SUITE 110
MIAMI, FL 33178 US**FEI Number:** 65-1060222**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, LAUREL BISHOP
530 S. FEDERAL HWY., #100
DEERFIELD BEACH, FL 33441 US**Name and Address of New Registered Agent:**SODERQUIST, ALAN L
10451 NW 117TH AVENUE
SUITE 110
MIAMI, FL 33178 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: ALAN L. SODERQUIST

05/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SMITH, LAUREL BISHOP
Address: 530 S FEDERAL HWY #100
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPT () Delete
Name: DURAND, MICHEL
Address: 530 S FEDERAL HWY #100
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAGNER, HARVEY A
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

Title: S (X) Change () Addition
Name: MARBLE, STEPHEN G
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

Title: DEVP () Change (X) Addition
Name: SODERQUIST, ALAN L
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

Title: COO () Change (X) Addition
Name: HOCHHAUSER, STEVEN
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

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: ALAN L. SODERQUIST

EVP

05/29/2008

Electronic Signature of Signing Officer or Director

Date