## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Jan 24, 2008 08:00 AN Secretary of State DOCUMENT # P01000044011 PRECISION NURSING CARE, INC. Mailing Address Principal Place of Business 1039 HOLLYWOOD BLVD 1039 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1114930 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAIRD, EDWARD H DO NOT WRITE 1039 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BAIRD, EDWARD H NAME 1039 HOLLYWOOD BLVD STREET ADDRESS HOLLYWOOD, FL 33019 CITY - ST-ZIP U00000795495 TITLE 01/28/08-80050-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like proposed. ICER OR DIRECTOR Date Daytime Phone #