2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P01000053329

Entity Name: ACTIVE CARE NURSING SERVICES, INC.

Current Principal Place of Business:

7880 W. OAKLAND PARK BLVD.
SUITE 204
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

7880 W. OAKLAND PARK BLVD.
SUITE 204
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1116642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAMES, GLENNETT
7880 W. OAKLAND PARK BLVD.
SUITE 204
SUNRISE, FL 33351 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: PD
Name: JAMES, GLENNETT
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

Title: VT
Name: JAMES, CRAIG
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

Title: S
Name: MAYLOR, SANCIA
Address: 7880 W OAKLAND PARK BLVD #204
City-St-Zip: SUNRISE, FL 33351

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: GLENNETT JAMES PD 02/28/2011

Electronic Signature of Signing Officer or Director — Date