2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# P01000088687

Entity Name: FEDERAL HEALTH NURSING CORPORATION

Current Principal Place of Business:

1950 LEE RD., STE. 209
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1950 LEE RD., STE. 209
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3744763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK ESQ
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE, FL 32901 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCES ( ) Delete
Name: BAJAJ, SANDEEP
Address: 1950 LEE RD., STE. 209
City-St-Zip: WINTER PARK, FL 32789

Title: DP ( ) Delete
Name: REDDY, KARAN G
Address: 1950 LEE RD., STE. 209
City-St-Zip: WINTER PARK, FL 32789

Title: DV (X) Delete
Name: FOX, MICHAEL W
Address: 1950 LEE RD STE 209
City-St-Zip: WINTER PARK, FL 32789

Title: DCOT ( ) Delete
Name: NAGDA, YUGAL
Address: 1950 LEE RD STE 209
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YUGAL NAGDA DCOT 02/24/2005

Electronic Signature of Signing Officer or Director — Date