

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100755

FILED
Apr 15, 2009
Secretary of State

Entity Name: PREMIER CARE NURSES OF AMERICA, INC.

Current Principal Place of Business:

2799 NW BOCA RATON BLVD.
SUITE 204
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2799 NW BOCA RATON BLVD.
SUITE 204
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-1134114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFORTH, MIRJANA
6284 BLAKFOX WAY
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

GOFORTH, MIRJANA
2799 NW BOCA RATON BLVD.
SUITE 204
BOCA RATON, FL 33431 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOFORTH, MIRJANA
Address: 2799 NW 2ND AVE STE 204
City-St-Zip: BOCA RATON, FL 33431

Title: MAND () Delete
Name: GOFORTH, ROBERT J
Address: 9439 BRIDGEPORT DR.
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: S (X) Delete
Name: GOFORTH, CHRISTIAN E
Address: 9439 BRIDGEPORT DR.
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: GOFORTH, CHRISTIAN E
Address: 8990 THREE RAIL DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472 US

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

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: MIRJANA GOFORTH

DIR

04/15/2009

Electronic Signature of Signing Officer or Director

Date