

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108502

FILED
Feb 16, 2011
Secretary of State

Entity Name: NURSE SOURCE CORPORATION

Current Principal Place of Business:

85 NORTH FOURTH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

85 NORTH FOURTH STREET
MACCLENNY, FL 32063 US

Current Mailing Address:

85 NORTH FOURTH STREET
MACCLENNY, FL 32063

New Mailing Address:

85 NORTH FOURTH STREET
MACCLENNY, FL 32063 US

FEI Number: 20-4319637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CREWS, CALLIE B
11962 JOHN BURNSED ROAD
SANDERSON, FL 32087 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: DP
Name: CREWS, CALLIE B
Address: 85 NORTH FOURTH STREET
City-St-Zip: MACCLENNY, FL 32063

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: CALLIE B CREWS

DP

02/16/2011

Electronic Signature of Signing Officer or Director

Date