

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010490

FILED
Apr 29, 2008
Secretary of State

Entity Name: MEDI-NURSE BEHAVIORAL SOLUTIONS, INC.

Current Principal Place of Business:

2800 W OAKLAND PARK BLVD
SUITE 206
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

6175 NW 167TH ST.
G-15
MIAMI, FL 33015

New Mailing Address:

FEI Number: 04-3594205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIA, FLORA CEO/PRE
6175 NW 167TH ST
G-15
MIAMI, FL 33015 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: PD () Delete
Name: FLORA, MARIA
Address: 2800 W OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

Title: STD () Delete
Name: FLORA, CHARLES E
Address: 2800 W OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARIA FLORA

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date