

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000017940

Entity Name: LINIL VISITING NURSES, INC.

**FILED**  
**Sep 11, 2007**  
**Secretary of State****Current Principal Place of Business:**4314 EDGEWATER DR.  
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**4314 EDGEWATER DR.  
ORLANDO, FL 32804**New Mailing Address:**

FEI Number: 41-2027756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**INIGO-ARROJO, NILA  
100 LAKESHORE DRIVE  
SUITE #96  
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**INIGO-ARROJO, NILA  
4314 EDGEWATER DRIVE  
ORLANDO, FL 32804 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:

Electronic Signature of Registered Agent

09/11/2007

Date

**OFFICERS AND DIRECTORS:**Title: PDT ( ) Delete  
Name: INIGO-ARROJO, NILA  
Address: 100 LAKESHORE DRIVE SUITE #96  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714Title: VS ( ) Delete  
Name: ARROJO, EDGAR  
Address: 100 LAKESHORE DRIVE SUITE #96  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PDT (X) Change ( ) Addition  
Name: INIGO-ARROJO, NILA  
Address: 4314 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804 USTitle: VS (X) Change ( ) Addition  
Name: ARROJO, EDGAR  
Address: 4314 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804 US

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: NILA INIGO-ARROJO

Electronic Signature of Signing Officer or Director

PDT

09/11/2007

Date