2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028728

City-St-Zip: HIALEAH, FL 33014

Entity Name: MEDINURSING PROFESSIONAL INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 505	7 49 STREET 5 FL 33012				
Current Mailing Address:			New Mailing Address:		
	ST 76 STREET FL 33014				
FEI Number	: 02-0563091	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
900 WEST SUITE 505 HIALEAH, The above	FL 33012 US		purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (PEREZ, LEOP 1298 W. 76TH HIALEAH, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD (PEREZ, MART		Title: Name: Address:	() Change () Addition	

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: LEOPOLDO PEREZ PD 01/24/2008