

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032015

FILED
Feb 10, 2008
Secretary of State

Entity Name: A NURSES TOUCH HEALTHCARE, INC.

Current Principal Place of Business:

135 13TH AVE.
VERO BCH, FL 32962

New Principal Place of Business:

1575 INDIAN RIVER BLVD.
SUITE C-210
VERO BCH, FL 32960

Current Mailing Address:

135 13TH AVE.
VERO BCH, FL 32962

New Mailing Address:

1575 INDIAN RIVER BLVD.
SUITE C-210
VERO BCH, FL 32960

FEI Number: 01-0678266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWK, EILEEN D
135 13TH AVE.
VERO BCH, FL 32962 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: A () Delete
Name: HAWK, EILEEN D ADMIN.
Address: 135 13TH AVE.
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EILEEN D. HAWK

PRES

02/10/2008

Electronic Signature of Signing Officer or Director

Date