

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000005690

1. Entity Name  
NATIONWIDE NURSING SERVICES, INC.



Principal Place of Business  
6320 ST. AUGUSTINE ROAD  
SUITE 2  
JACKSONVILLE, FL 32217

Mailing Address  
1031 NORTH MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1996532

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DONNA M  
5703 TUSCANY TERR  
TAMARAC, FL 33321

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donna Brown  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/07  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

03/27/07-80120-003 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BAKER, MICHELLE  
STREET ADDRESS 601 NORTH CONGRESS AVE #113  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D  
NAME BAKER, CYNTHIA  
STREET ADDRESS 601 NORTH CONGRESS AVE #113  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D  
NAME BIASI, LOUIS  
STREET ADDRESS 601 NORTH CONGRESS AVE #113  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #