

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067629

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** NURSE WITHOUT BOUNDARIES, INC

**Current Principal Place of Business:**

2620 S PENINSULA DR.  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2620 S PENINSULA DR.  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

PO BOX 7323  
DAYTONA BEACH, FL 32116

**FEI Number:** 56-2369630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIGHTFINE, MARY  
2620 S PENINSULA DR  
DAYTONA BEACH, FL 32118 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LIGHTFINE, MARY  
Address: 2620 S PENINSULA DR  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby 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 all other like empowered.

SIGNATURE: MARY LIGHTFINE

PRES

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date