

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075250

FILED
Jan 09, 2012
Secretary of State

Entity Name: LA NURSE HOME HEALTH CARE REGISTRY, INC.

Current Principal Place of Business:

100 NE 5TH AVE A-2
SUITE 2
DELRAY BEACH, FL 33483

New Principal Place of Business:

100 NE 5TH AVE
SUITE A-2
DELRAY BEACH, FL 33483

Current Mailing Address:

100 NE 5TH AVE A-2
SUITE 2
DELRAY BEACH, FL 33483

New Mailing Address:

100 NE 5TH AVE
SUITE A-2
DELRAY BEACH, FL 33483

FEI Number: 27-0063528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROZ, FILIP
100 NE 5TH AVE A-2
DELRAY BEACH, FL 33483 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: PRES
Name: OROZ, FILIP
Address: 100 NE 5TH AVE A-2
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP
Name: OROZ, JELICA
Address: 100 NE 5TH AVE A-2
City-St-Zip: DELRAY BEACH, FL 33483

Title: TREA
Name: OROZ, DANIEL
Address: 100 NE 5TH AVE A-2
City-St-Zip: DELRAY BEACH, FL 33483 33

Title: SECY
Name: OROZ, OLIVER
Address: 100 NE 5TH AVE A-2
City-St-Zip: DELRAY BEACH, FL 33483

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: FILIP OROZ

PRES

01/09/2012

Electronic Signature of Signing Officer or Director

Date