2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# P05000011274

Entity Name: COS NURSES INC

Current Principal Place of Business:

1175 NE 125TH STREET
SUITE 204
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1175 NE 125TH STREET
SUITE 204
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, CYNTHIA
14501NW 13TH ROAD
MIAMI, FL 33167 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 ( ) Delete
Name: SANDERS, CYNTHIA
Address: 14501 N.W. 13 ROAD
City-St-Zip: MIAMI, FL 33167

Title: VP ( ) Delete
Name: JOSEPH, JENICA
Address: 14501 N.W. 13 ROAD
City-St-Zip: MIAMI, FL 33167

Title: VP ( ) Delete
Name: STATEN, TERRISITA
Address: 13900 N.W. 14TH AVE
City-St-Zip: MIAMI, FL 33167

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: MELLERSON, NATHANIEL OFFICER
Address: 2301 N. W. 119 STREET
City-St-Zip: MIAMI, FL 33168 US

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: CYNTHIA SANDERS P 07/09/2009

Electronic Signature of Signing Officer or Director — Date