

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034200

FILED
May 16, 2008
Secretary of State

Entity Name: FIRST CHOICE NURSING SERVICES, INC.

Current Principal Place of Business:

5900 SW 73 STREET
304
MIAMI, FL 33143

New Principal Place of Business:

4941 SW 74 CT.
MIAMI, FL 33155

Current Mailing Address:

5900 SW 73 STREET
304
MIAMI, FL 33143

New Mailing Address:

4941 SW 74 CT.
MIAMI, FL 33155

FEI Number: 20-5855304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JUAREZ, CRUZ M
5900 SW 73 STREET
304
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

JUAREZ, CRUZ M
4941 SW 74 CT
MIAMI, FL 33155 US

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:

05/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUAREZ, CRUZ M
Address: 5900 SW 73 STREET, SUITE 304
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JUAREZ, CRUZ M
Address: 4941 SW 74 CT
City-St-Zip: MIAMI, FL 33155

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: CRUZ M JUAREZ

PD

05/16/2008

Electronic Signature of Signing Officer or Director

Date