

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099757

FILED
Aug 29, 2006
Secretary of State

Entity Name: NURSE-ON-CALL OF BROWARD, INC.

Current Principal Place of Business:

130 JFK DRIVE
SUITE 203
ATLANTIS, FL 33462

New Principal Place of Business:

210 N UNIVERSITY DRIVE
SUITE 402
CORAL SPRINGS, FL 33071

Current Mailing Address:

130 JFK DRIVE
SUITE 203
ATLANTIS, FL 33462

New Mailing Address:

1926 10TH AVENUE N
SUITE 205
LAKE WORTH, FL 33461

FEI Number: 57-1222623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFT, DALE R
130 JFK DRIVE
SUITE 203
ATLANTIS, FL 33462 US

Name and Address of New Registered Agent:

CLIFT, DALE R
1926 10TH AVENUE N
SUITE 205
LAKE WORTH, FL 33461 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: DALE CLIFT

08/29/2006

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Change (X) Addition
Name: CLIFT, DALE
Address: 9826 LAKE LOUISE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: CFO () Change (X) Addition
Name: HYNES, JAMIE
Address: 1926 10TH AVENUE N, SUITE 205
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE HYNES

CFO

08/29/2006

Electronic Signature of Signing Officer or Director

Date