## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099757

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

FILED Jan 05, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

210 N UNIVERSITY DRIVE 210 N UNIVERSITY DRIVE

SUITE 402 SUITE 900 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

**Current Mailing Address: New Mailing Address:** 

1926 10TH AVENUE N 1926 10TH AVENUE N SUITE 201 SUITE 400

LAKE WORTH, FL 33461 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: Name and Address of New Registered Agent:

CLIFT, DALE R CLIFT, DALE R 1926 10TH AVENUE N 1926 10TH AVENUE N SUITE 201 SUITE 400

LAKE WORTH, FL 33461 US 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: 01/05/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CFO

Name: CLIFT, DALE

1926 10TH AVE N, SUITE 400 Address: City-St-Zip: LAKE WORTH, FL 33461

Title: CFO

Name: HYNES, JAMIE

Address: 1926 10TH AVENUE N, SUITE 400 LAKE WORTH, FL 33461 City-St-Zip:

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: JAMIE HYNES **CFO** 01/05/2011