

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100203

FILED
Mar 29, 2007
Secretary of State

Entity Name: NURSE AT HOME ORGANIZATION, CORP.

Current Principal Place of Business:

13903 N.W. 67TH AVENUE
SUITE 310
MIAMI LAKES, FL 33014

New Principal Place of Business:

5931 NW 173 DRIVE
SUITE 4
MIAMI, FL 33015

Current Mailing Address:

13903 N.W. 67TH AVENUE
SUITE 310
MIAMI LAKES, FL 33014

New Mailing Address:

5931 NW 173 DRIVE
SUITE 4
MIAMI, FL 33015

FEI Number: 20-3162617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERTOT, BARBARA
13903 N.W. 67TH AVENUE
SUITE 310
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

BERTOT, BARBARA
5931 NW 173 DRIVE
SUITE 4
MIAMI, FL 33015 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:

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERTOT, BARBARA
Address: 13903 N.W. 67TH AVENUE SUITE 310
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPSD () Delete
Name: BERTOT, CARLOS M
Address: 13903 N.W. 67TH AVENUE SUITE 310
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD () Delete
Name: BERTOT, ANTHONY
Address: 13903 N.W. 67TH AVENUE SUITE 310
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERTOT, BARBARA
Address: 5931 NW 173 DRIVE SUITE 4
City-St-Zip: MIAMI, FL 33015

Title: VPSD (X) Change () Addition
Name: BERTOT, CARLOS M
Address: 5931 NW 173 DRIVE SUITE 4
City-St-Zip: MIAMI, FL 33015

Title: TD (X) Change () Addition
Name: BERTOT, ANTHONY
Address: 5931 NW 173 DRIVE SUITE 4
City-St-Zip: MIAMI, FL 33015

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: BARBARA BERTOT

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date