

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100203

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: NURSE AT HOME ORGANIZATION, CORP.

## Current Principal Place of Business:

5931 NW 173 DRIVE  
SUITE 4  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

5931 NW 173 DRIVE  
SUITE 4  
MIAMI, FL 33015

## New Mailing Address:

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  
5931 NW 173 DRIVE  
SUITE 4  
MIAMI, FL 33015 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## 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:

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: CARLOS M BERTOT

VPSD

04/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date