

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004856

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: D & O NURSING SERVICES, CORP.

## Current Principal Place of Business:

1333 W. 49TH PLACE, #512  
HIALEAH, FL 33012

## New Principal Place of Business:

445 E 47 ST  
HIALEAH, FL 33013

## Current Mailing Address:

1333 W. 49TH PLACE, #512  
HIALEAH, FL 33012

## New Mailing Address:

445 E 47 ST  
HIALEAH, FL 33013

FEI Number: 56-2553473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, OSMANI  
1333 W. 49TH PLACE, #512  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

RAMIREZ, OSMANI  
445 E 47 ST  
HIALEAH, FL 33013 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:

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RAMIREZ, OSMANI  
Address: 1333 W. 49TH PLACE, #512  
City-St-Zip: HIALEAH, FL 33012

Title: VD ( ) Delete  
Name: TORRES, DAYMI  
Address: 1333 W. 49TH PLACE, #512  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RAMIREZ, OSMANI  
Address: 445 E 47 ST  
City-St-Zip: HIALEAH, FL 33013

Title: VD (X) Change ( ) Addition  
Name: TORRES, DAYMI  
Address: 445 E 47 ST  
City-St-Zip: HIALEAH, FL 33013

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: OSMANI RAMIREZ

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date