

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90067 022 \*\*\*158.75

**DOCUMENT # P06000019922**

1. Entity Name  
**NINA HEALTH CARE SERVICES INC**



Principal Place of Business  
**4591 N W 19TH STREET  
APARTMENT #417  
LAUDERHILL, FL 33313**

Mailing Address  
**POST OFFICE BOX 9025  
FT. LAUDERDALE, FL 33310**

**40099155**



2. Principal Place of Business - No P.O. Box #

**25 SW 6th Ave**

Suite, Apt. #, etc.

**Dania**

**Florida**

**33004**

Country

**Browns**

3. Mailing Address

**P.O. Box 9025**

Suite, Apt. #, etc.

**City & State  
Ft. Lauderdale, FL**

**33310**

Country

**Browns**

01052007 Chg-P CR2E034 (12/06)

4. FEI Number

**20-4340400**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, ICELENE  
4591 N W 19TH STREET  
APARTMENT #417  
LAUDERHILL, FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
BROWN, ICELENE  
POST OFFICE BOX 9025  
FT. LAUDERDALE, FL 33310**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Iceleene Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #