2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

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Entity Name: VIRTUAL NURSE, INC.

Current Principal Place of Business:

7108 FAIRWAY DRIVE
SUITE 215
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

2332 GALIANO STREET
SUITE 250
CORAL GABLES, FL 33134 US

Current Mailing Address:

7108 FAIRWAY DRIVE
SUITE 215
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

2332 GALIANO STREET
SUITE 250
CORAL GABLES, FL 33134 US

FEI Number: 51-0598040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR
SANCHEZ-MEDINA, GONZALEZ & QUESADA, LLP
2333 PONCE DE LEON BLVD STE 302
CORAL GABLES, FL 33134 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: DCEO ( ) Delete
Name: KELLY, MARY JOAN
Address: 7108 FAIRWAY DRIVE, SUITE 215
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: DTS ( ) Delete
Name: MAGUIRE, AMELIA REA
Address: 2715 TOLEDO STREET
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P ( ) Delete
Name: JANE, GOULD
Address: 2901 S. BAYSHORE DRIVE, APT 4E
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: KELLY, MARY JOAN
Address: 62 STONEY CREEK
City-St-Zip: HILTON HEAD, FL 29928 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BRIAN, KELLY
Address: 7108 FAIRWAY DRIVE, SUITE 215
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: AMELIA REA MAGUIRE DTS 03/10/2008
Electronic Signature of Signing Officer or Director Date