

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118981

FILED
Jan 23, 2007
Secretary of State

Entity Name: NURSING PLUS OF BROWARD, INC.

Current Principal Place of Business:

3305 EAST ISLAND ROAD
COOPER CITY, FL 33026

New Principal Place of Business:

3600 S. STATE RD 7
SUITE 226
MIRAMAR, FL 33023

Current Mailing Address:

3305 EAST ISLAND ROAD
COOPER CITY, FL 33026

New Mailing Address:

3600 S. STATE RD 7
SUITE 226
MIRAMAR, FL 33023

FEI Number: 20-5560505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUITERIO, SHERRIE
3305 EAST ISLAND ROAD
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

QUITERIO, SHERRIE
3600 S. STATE RD 7
SUITE 226
MIRAMAR, FL 33023 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: SHERRIE QUITEIRO

01/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUITERIO, SHERRIE
Address: 3305 EAST ISLAND ROAD
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: QUITERIO, WALTER
Address: 3305 EAST ISLAND ROAD
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: COLBY, JONATHAN
Address: 3305 EAST ISLAND ROAD
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: SILVERS, KIMBERLY
Address: 3305 EAST ISLAND ROAD
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: COLBY, JONATHAN
Address: 1548 QUAYSIDE TERRACE
City-St-Zip: MIAMI, FL 33138

Title: D (X) Change () Addition
Name: SILVERS, KIMBERLY
Address: 3108 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

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: SHERRIE QUITERIO

DP

01/23/2007

Electronic Signature of Signing Officer or Director

Date