

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028648

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: NEW HEALTH NURSING GROUP INC.

## Current Principal Place of Business:

8585 NW 6 LANE, UNIT 202  
MIAMI, FL 33126

## New Principal Place of Business:

2712 SW 143 AVE  
MIAMI, FL 33175

## Current Mailing Address:

8585 NW 6 LANE, UNIT 202  
MIAMI, FL 33126

## New Mailing Address:

2712 SW 143 AVE  
MIAMI, FL 33175

FEI Number: 20-8605857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, FELIX  
8585 NW 6 LANE, UNIT 202  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

PEREZ, FELIX  
2712 SW 143 AVE  
MIAMI, FL 33175 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ, FELIX  
Address: 8585 NW 6 LANE, UNIT 202  
City-St-Zip: MIAMI, FL 33126

Title: V ( ) Delete  
Name: CALVO, YURAMI  
Address: 8585 NW 6 LANE, UNIT 202  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PEREZ, FELIX  
Address: 2712 SW 143 AVE  
City-St-Zip: MIAMI, FL 33175

Title: V (X) Change ( ) Addition  
Name: CALVO, YURAMI  
Address: 2712 SW 143 AVE  
City-St-Zip: MIAMI, FL 33175

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: FELIX PEREZ

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date