2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# P07000036465

Entity Name: TORRES NURSING SERVICES, CORP

Current Principal Place of Business:

170 WEST 63 STREET
HIALEAH, FL 33012

New Principal Place of Business:

160 WEST 63 STREET
HIALEAH, FL 33012 US

Current Mailing Address:

170 WEST 63 STREET
HIALEAH, FL 33012

New Mailing Address:

160 WEST 63 STREET
HIALEAH, FL 33012 US

FEI Number: 20-8718269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORRES, LAZARO
170 WEST 63 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BASILIO, JOSE D
1414 NW 107 AVENUE
206
MIAMI, FL 33172 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: JOSE D. BASILIO 02/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TORRES, LAZARO
Address: 170 WEST 63 STREET
City-St-Zip: HIALEAH, FL 33012

Title: DVP ( ) Delete
Name: LEZCANO, MARIA A
Address: 170 WEST 63 STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORRES, LAZARO
Address: 160 WEST 63 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: VP (X) Change ( ) Addition
Name: LEZCANO, MARIA A
Address: 160 WEST 63 STREET
City-St-Zip: HIALEAH, FL 33012 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: LAZARO TORRES P 02/29/2008
Electronic Signature of Signing Officer or Director Date