

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000045153

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** LAUREN NURSING SERVICES CORP

**Current Principal Place of Business:**

12320 SW 191 TERRACE  
MIAMI, FL 33177

**New Principal Place of Business:**

6820 SW 32 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

12320 SW 191 TERRACE  
MIAMI, FL 33177

**New Mailing Address:**

6820 SW 32 STREET  
MIAMI, FL 33155

**FEI Number:** 20-8830825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGUERREBERE, RAMIRO  
12320 SW 191 TERRACE  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

AGUERREBERE, RAMIRO  
6820 SW 32 STREET  
MIAMI, FL 33155 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:** RAMIRO AGUERREBERE

03/15/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** AGUERREBERE, RAMIRO A  
**Address:** 6820 SW 32 STREET  
**City-St-Zip:** MIAMI, FL 33155

I hereby 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 all other like empowered.

**SIGNATURE:** RAMIRO AGUERREBERE

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03/15/2010

Electronic Signature of Signing Officer or Director

Date