

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102251

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Entity Name:** FREEDOM NURSING SERVICES CORPORATION

**Current Principal Place of Business:**

7450 MIAMI LAKES DRIVE  
C207  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

9015 NW 164TH STREET  
MIAMI LAKES, FL 33018 US

**Current Mailing Address:**

7450 MIAMI LAKES DRIVE  
C207  
MIAMI LAKES, FL 33014

**New Mailing Address:**

9015 NW 164TH STREET  
MIAMI LAKES, FL 33018 US

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

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

ARIAS, EDUARDO  
7450 MIAMI LAKES DRIVE  
C207  
MIAMI, FL 33014 US

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

ARIAS, EDUARDO  
9015 NW 164TH STREET  
MIAMI LAKES, FL 33018 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: EDUARDO ARIAS

03/27/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARIAS, EDUARDO  
Address: 7450 MIAMI LAKES DRIVE APT C207  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARIAS, EDUARDO  
Address: 9015 NW 164TH STREET  
City-St-Zip: MIAMI LAKES, FL 33018 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: EDUARDO ARIAS

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date