# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2012**
**Secretary of State**

DOCUMENT# P07000107966

**Entity Name:** ACCESS NURSECARE, INC.

**Current Principal Place of Business:**

2500 N. UNIVERSITY DRIVE
SUITE 2
SUNRISE, FL 33322 US

**New Principal Place of Business:**

3325 HOLLYWOOD BLVD.
SUITE 205
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

PO BOX 640950
MIAMI, FL 33164 US

**New Mailing Address:**

**FEI Number: 26-1085867** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCLEAN, AUDREYA K
2500 N. UNIVERSITY DRIVE
SUITE 2
SUNRISE, FL 33322 US

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

MCLEAN, AUDREYA K
3325 HOLLYWOOD BLVD.
SUITE 205
HOLLYWOOD, FL 33021 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: 03/08/2012
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: VPD
Name: NABAKA, JOSEPH O
Address: 3325 HOLLYWOOD BLVD., SUITE 205
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD
Name: MCLEAN, AUDREYA K
Address: 3325 HOLLYWOOD BLVD., SUITE 205
City-St-Zip: HOLLYWOOD, FL 33021

Title: S
Name: MCLEAN, AUDREYA K
Address: 3325 HOLLYWOOD BLVD., SUITE 205
City-St-Zip: HOLLYWOOD, FL 33021

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: AUDREYA MCLEAN PD 03/08/2012
Electronic Signature of Signing Officer or Director — Date