

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123964

Entity Name: A + NURSING SERVICES, INC.

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

14038 NW 88 PLACE
MIAMI LAKES, FL 33018

New Principal Place of Business:

Current Mailing Address:

14038 NW 88 PLACE
MIAMI LAKES, FL 33018

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIAS INCOME TAX & ACCOUNTING SERVICES IN
4693 NW 199 STREET
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, SORANGEL
Address: 14038 NW 88 PLACE
City-St-Zip: MIAMI LAKES, FL 33018

Title: VP () Delete
Name: GONZALEZ, YOHANY
Address: 14038 NW 88 PLACE
City-St-Zip: MIAMI LAKES, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SORANGEL GONZALEZ

P

05/07/2008

Electronic Signature of Signing Officer or Director

Date