

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127202

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: O. & J.C. NURSING SERVICES, CORP.

## Current Principal Place of Business:

458 EAST 31ST. ST., NO.  
4  
HIALEAH, FL 33013 US

## Current Mailing Address:

458 EAST 31ST. ST., NO.  
4  
HIALEAH, FL 33013 US

FEI Number: 26-1475983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

458 E 31 ST  
4  
HIALEAH, FL 33013 US

## New Mailing Address:

458 E 31 ST  
4  
HIALEAH, FL 33013 US

## Name and Address of Current Registered Agent:

SUAREZ, ODALYS D  
458 E. 31ST. ST  
4  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

SUAREZ, ODALYS D  
458 E 31 ST  
4  
HIALEAH, FL 33013 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: ODALYS SUAREZ

04/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUAREZ, ODALYS D  
Address: 458 E. 31 ST  
City-St-Zip: HIALEAH, FL 33013

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SUAREZ, ODALYS D  
Address: 458 E 31 ST  
City-St-Zip: HIALEAH, FL 33013

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: ODALYS SUAREZ

P

04/12/2008

Electronic Signature of Signing Officer or Director

Date