

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131225

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** NURSING ASSISTANT CERTIFICATION INC

**Current Principal Place of Business:**

18750 NW 302 STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

8404 NW 59TH STREET  
TAMARAC, FL 33321

**Current Mailing Address:**

18750 NW 302 STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

8404 NW 59TH STREET  
TAMARAC, FL 33321

FEI Number: 26-1612014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRIS, JOYCE A  
18750 NW 302 STREET  
OKEECHOBEE, FL 34972 US

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

HARRIS, JOYCE A  
8404 NW 59TH STREET  
TAMARAC, FL 33321 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/31/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRIS, JOYCE  
Address: 8404 NW 59TH STREET  
City-St-Zip: TAMARAC, FL 33321

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: JOYCE A HARRIS

Electronic Signature of Signing Officer or Director

PRES

03/31/2010

Date