

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011026

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** NURSING CARE SERVICES, INC.

**Current Principal Place of Business:**

5700 LAKEWORTH RD.  
SUITE 306  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5700 LAKEWORTH RD.  
SUITE 306  
GREENACRES, FL 33463

**New Mailing Address:**

**FEI Number:** 30-0461281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FERNANDEZ, SIMON  
16892 FOX TRAIL LN.  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FERNANDEZ, SIMON  
Address: 16892 FOX TRAIL LN.  
City-St-Zip: LOXAHATCHEE, FL 33470

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: SIMON FERNANDEZ

CEO

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date