2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P08000017729

Entity Name: AURORA NURSES, INC.

Current Principal Place of Business:

10475 RIVERSIDE DR., SUITE 10
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10475 RIVERSIDE DR., SUITE 10
PALM BCH GARDENS, FL 33410

New Mailing Address:

FEI Number: 26-2114101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, GREG
311 SE 10TH CT.
FT. LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAINES, COLLEEN
Address: 437 INLET RD.
City-St-Zip: N. PALM BCH, FL 33408

Title: V ( ) Delete
Name: CADE, FRANCES E
Address: 4410 NE 24TH AVE.
City-St-Zip: LIGHTHOUSE POINT,

Title: T ( ) Delete
Name: MCCLUSKY, ANNETTE
Address: 10475 GLEN LYON COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete
Name: SUTERA, EVELISE B
Address: 1420 OCEAN WAY, APT. 8C
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: COLLEEN E. GAINES P 02/04/2009

Electronic Signature of Signing Officer or Director Date