

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000017729

FILED
Aug 08, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: GAINES, CATHLEEN
Address: 437 INLET ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D
Name: BECK, MELISSA
Address: 1402 SUNSHINE DRIVE
City-St-Zip: JUPITER, FL 33458 US

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: FRANCES E. CADE

V

08/08/2012

Electronic Signature of Signing Officer or Director

Date