

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024994

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** C. ADVANCED NURSING CORP

**Current Principal Place of Business:**

2825 NW 11 ST  
MIAMI, FL 33125

**New Principal Place of Business:**

399 NW 72 AVENUE  
101  
MIAMI, FL 33126

**Current Mailing Address:**

2825 NW 11TH ST.  
MIAMI, FL 33125

**New Mailing Address:**

399 NW 72 AVENUE  
101  
MIAMI, FL 33126

**FEI Number:** 90-0404872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERA, CECILIA  
2825 NW 11TH ST.  
MIAMI, FL 33125 US

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

VERA, CECILIA  
399 NW 72 AVENUE  
101  
MIAMI, FL 33126 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: CECILIA VERA

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VERA, CECILIA  
Address: 399 NW 72 AV  
City-St-Zip: MIAMI, FL 33126

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: CECILIA VERA

PRES

04/13/2011

Electronic Signature of Signing Officer or Director

Date