

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041745

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** WILFREDO NURSING , CORP.

**Current Principal Place of Business:**

6970 NW 186 STREET  
UNIT 3-111  
MIAMI, FL 33015 US

**New Principal Place of Business:**

19403 NW 82 PL  
HIALEAH, FL 33015 US

**Current Mailing Address:**

6970 NW 186 STREET  
UNIT 3-111  
MIAMI, FL 33015 US

**New Mailing Address:**

19403 NW 82 PL  
HIALEAH, FL 33015 US

**FEI Number:** 26-2482123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASILIO, JOSE D  
1414 NW 107 AVENUE  
206  
MIAMI, FL 33172 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: LIMA, WILFREDO  
Address: 19403 NW 82 PL  
City-St-Zip: HIALEAH, FL 33015 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: WILFREDO LIMA

PRE

05/11/2011

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

\_\_\_\_\_ Date