

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053613

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: ALECA NURSING SERVICES, CORP.

**Current Principal Place of Business:**

26503 SW 149 PL.  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

26503 SW 149 PL.  
HOMESTEAD, FL 33032

**New Mailing Address:**

FEI Number: 26-2711443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMOS, EVANGELINA  
26503 SW 149 PL.  
HOMESTEAD, FL 33032 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: RAMOS, EVANGELINA  
Address: 26503 SW 149 PL.  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: EVANGELINA RAMOS

PDS

06/29/2009

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

\_\_\_\_\_  
Date