## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061480

Entity Name: LOS ANGELES FIELD NURSING, INC.

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8231 SW 30TH STREET 9619 FONTAINEBLEAU BLVD MIAMI, FL 33155 FL

116

MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

8231 SW 30TH STREET 9619 FONTAINEBLEAU BLVD MIAMI, FL 33155

MIAMI, FL 33172 FL

FEI Number: 26-2876601 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SIERRA, MARIA D SIERRA, MARIA D 8231 SW 30TH STREET 9619 FONTAINEBLUE BLVD MIAMI, FL 33155

MIAMI, FL 33172 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: MARIA DE LOS ANGELES SIERRA 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PSTD ( ) Delete Title: (X) Change ( ) Addition

Title: Name: SIERRA, MARIA D Name: SIERRA, MARIA D

8231 SW 30TH STREET 9619 FONTAINEBLUE BLVD 116 Address: Address:

City-St-Zip: MIAMI, FL 33155 US City-St-Zip: MIAMI, FL 33172 US

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: MARIA DE LOS ANGELES SIERRA **PSTD** 04/29/2009

Electronic Signature of Signing Officer or Director

Date