

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000018041

Entity Name: BLS NURSING, CORP.

FILED
Apr 30, 2010
Secretary of State

Current Principal Place of Business:

401 GOLDEN ISLES DR
907
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

7691 SW 135 CT
MIAMI, FL 33183 US

Current Mailing Address:

401 GOLDEN ISLES DR
907
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

7691 SW 135 CT
MIAMI, FL 33183 US

FEI Number: 26-4335146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAM, BEATRIZ
401 GOLDEN ISLES DR
907
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

LAM, BEATRIZ
7691 SW 135 CT
MIAMI, FL 33183 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: BEATRIZ LAM

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LAM, BEATRIZ
Address: 7691 SW 135 CT
City-St-Zip: MIAMI, FL 33183 US

Title: VP
Name: LAM, BEATRIZ
Address: 7691 SW 135 CT
City-St-Zip: MIAMI, FL 33183 US

Title: S
Name: LAM, BEATRIZ
Address: 7691 SW 135 CT
City-St-Zip: MIAMI, FL 33183 US

Title: T
Name: LAM, BEATRIZ
Address: 7691 SW 135 CT
City-St-Zip: MIAMI, FL 33183 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: BEATRIZ LAM

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date