

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000046832

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** MILANDY NURSE CARE SERVICES INC

**Current Principal Place of Business:**

11133 NW 7 ST SUITE 106  
MIAMI, FL 33172

**New Principal Place of Business:**

961 NW 134 AVENUE  
MIAMI, FL 33182

**Current Mailing Address:**

11133 NW 7 ST SUITE 106  
MIAMI, FL 33172

**New Mailing Address:**

961 NW 134 AVENUE  
MIAMI, FL 33182

**FEI Number:** 27-0268057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAZO, MILANKYS  
11133 NW 7 ST SUITE 106  
MIAMI, FL 33172 US

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

LAZO, MILANKYS  
961 NW 134 AVENUE  
MIAMI, FL 33182 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:

04/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAZO, MILANKYS  
Address: 961 NW 134 AVENUE  
City-St-Zip: MIAMI, FL 33182

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: MILANKYS LAZO

P

04/19/2010

Electronic Signature of Signing Officer or Director

Date