

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061362

Entity Name: NURSE SERV, INC.

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2018 OAKBEND DRIVE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

2018 OAKBEND DRIVE  
EUSTIS, FL 32726

**New Mailing Address:**

FEI Number: 27-0619222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, ROBERT Q  
380 W ALFRED STREET  
TAVARES, FL 32778 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ENGLISH, ERIC R  
Address: 2018 OAKBEND DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: D  
Name: ENGLISH, JENNIFER S  
Address: 2018 OAKBEND DRIVE  
City-St-Zip: EUSTIS, FL 32726

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: ERIC R. ENGLISH

D

02/08/2010

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

\_\_\_\_\_  
Date