

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091944

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** NURSE LEARNING CENTER INC.

**Current Principal Place of Business:**

8910 MIRAMAR PARKWAY  
203  
MIRAMAR, FL 33025

**New Principal Place of Business:**

8910 MIRAMAR PARKWAY  
203  
MIRAMAR, FL 33025 US

**Current Mailing Address:**

8910 MIRAMAR PARKWAY  
203  
MIRAMAR, FL 33025

**New Mailing Address:**

8910 MIRAMAR PARKWAY  
203  
MIRAMAR, FL 33025 US

**FEI Number:** 27-1264564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEXANDER, JULANA N  
8910 MIRAMAR PARKWAY  
203  
MIRAMAR, FL 33025 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALEXANDER, JULANA N  
Address: 8910 MIRAMAR PARKWAY SUITE 203  
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP  
Name: DALEY, ROY W  
Address: 8910 MIRAMAR PARKWAY SUITE 203  
City-St-Zip: MIRAMAR, FL 33025 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: JULANA N. ALEXANDER

P

02/22/2011

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

\_\_\_\_\_  
Date