

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000039161

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** NURSING TRAVEL COMPANIONS, INC.

**Current Principal Place of Business:**

5390 N W 41 WAY  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

3402 BIMINI LANE G-1  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

5390 N W 41 WAY  
COCONUT CREEK, FL 33073

**New Mailing Address:**

3402 BIMINI LANE G-1  
COCONUT CREEK, FL 33066

**FEI Number:** 27-2536889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTTON, GEORGIANNA  
5390 N W 41 WAY  
COCONUT CREEK, FL 33073 US

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

COTTON, GEORGIANNA  
3402 BIMINI LANE G-1  
COCONUT CREEK, FL 33066 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/24/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COTTON, GEORGIANNA  
Address: 3402 BIMINI LANE G-1  
City-St-Zip: COCONUT CREEK, FL 33066

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: GEORGIANNA COTTON

PRES

04/24/2011

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

\_\_\_\_\_  
Date