

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000042541**

1. Entity Name  
**NURSES ON CALL INC.**



Principal Place of Business  
**6702 A PLANTATION RD  
SUITE A  
PENSACOLA, FL 32504 US**

Mailing Address  
**6702 A PLANTATION RD  
SUITE A  
PENSACOLA, FL 32504 US**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3253094**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KEIEK, ANN  
6002 PLANTATION RD  
PENSACOLA, FL 32504**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KEIEK, ANN  
7217 TWIN LAKES LANE  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WORTHLAKE, LAURA  
BAYSHORE DR.  
MILTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KEIEK, PETER  
7217 TWINLAKES LANE  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COBB, CAROL  
7216 TWIN LAKES LN.  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80037-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Ann Keiek Manager 4/17/07* *150.00*