

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068383

FILED
Feb 20, 2009
Secretary of State

Entity Name: NURSING SOLUTIONS, INC.

Current Principal Place of Business:

2650 BAHIA VISTA STREET
SUITE 302
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2650 BAHIA VISTA STREET
SUITE 302
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0688221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BLVD
SUITE 1
SARASOTA, FL 34236 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: PT () Delete
Name: KELSEY, MICHAEL E
Address: 8225 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

Title: VS () Delete
Name: WOODS, DEBBIE
Address: 8612 WOODBRIAR
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E. KELSEY

PRES

02/20/2009

Electronic Signature of Signing Officer or Director

Date