2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021963

Entity Name: "NURSE-ON-CALL" HOME CARE, INC.

FILED Aug 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

130 JFK DRIVE 2202 BABCOCK STREET

SUITE 203 SUITE 104

ATLANTIS, FL 33462 US MELBOURNE, FL 32901 US

Current Mailing Address: New Mailing Address:

130 JFK DRIVE 1926 10TH AVENUE N

SUITE 203 SUITE 205

ATLANTIS, FL 33462 US LAKE WORTH, FL 33461 US

FEI Number: 59-3621609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLIFT, DALE CLIFT, DALE

1926 10TH AVENUE N 130 JFK DRIVE SUITE 203 SUITE 205

ATLANTIS, FL 33462 US LAKE WORTH, FL 33461 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: DALE CLIFT 08/29/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: CLIFT, DALE Name: CLIFT, DALE

130 JFK DRIVE, SUITE 203 1926 10TH AVENUE N, SUITE 205 Address: Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: LAKE WORTH, FL 33461

() Delete Title: CFO Title: CFO (X) Change () Addition

Name: HYNES, JAMIE Name: HYNES, JAMIE

130 JFK DR, SUITE 203 Address: 1926 10TH AVENUE N, SUITE 205 Address: ATLANTIS, FL 33462 LAKE WORTH, FL 33461 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE HYNES **CFO** 08/29/2006