## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000021963

LAKE WORTH, FL 33461

City-St-Zip:

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

FILED Jul 02, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2202 BAB0 SUITE 104	COCK STREET				
	RNE, FL 32901	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	AVENUE N				
SUITE 205 LAKE WO	5 RTH, FL 33461	US			
FEI Number:	: 59-3621609	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 205 LAKE WOI	I AVENUE N S RTH, FL 33461		purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CLIFT, DALE	Delete NUE N, SUITE 205 FL 33461	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HYNES, JAMÌE	Delete	Title: Name: Address:	( ) Change ( ) Addition	

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: JAMIE HYNES CFO 07/02/2007