

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054270

Entity Name: NURSEPLUS, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

11890 SW 8TH ST
SUITE 101
MIAMI, FL 33184 US

New Principal Place of Business:

595 SW 107 AVENUE
MIAMI, FL 33174 US

Current Mailing Address:

11890 SW 8TH ST
SUITE 101
MIAMI, FL 33184 US

New Mailing Address:

595 SW 107 AVENUE
MIAMI, FL 33174 US

FEI Number: 65-0762033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANE, BELINDA G
11890 SW 8TH ST
SUITE 101
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

JANE, BELINDA G
595 SW 107 AVENUE
MIAMI, FL 33174 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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JANE, BELINDA G
Address: 25 NW 127 AVE.
City-St-Zip: MIAMI, FL 33182

Title: DOO () Delete
Name: JANE, ALEJANDRO J
Address: 25 NW 127 AVE.
City-St-Zip: MIAMI, FL 33182

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: BELINDA G. JANE

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date