

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90042 011 \*\*\*158.75

**DOCUMENT # S13977**

1. Entity Name

**NURSE MATES, INC.**



Principal Place of Business

**302 11TH AVE. N.E.  
ST. PETERSBURG FL 33701**

Mailing Address

**302 11TH AVE. N.E.  
ST. PETERSBURG FL 33701**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3037897**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERTHELOT, MARLENE C.**

**325 49TH ST N 2227- 22nd Sts.  
SAINT PETERSBURG FL 33710 33712**

Name

**Marlene Berthelot**

Street Address (P.O. Box Number is Not Acceptable)

**2227- 22nd St South**

City

**ST Petersburg**

**FL**

Zip Code

**33712**

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 reconstituting)

Date

**Change of Address only**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
BERTHELOT, MARLENE C.	325 49TH STREET NORTH ST. PETERSBURG FL 33710		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**Marlene Berthelot**

**3-5-08**