

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39142

Entity Name: NURSES CHOICE, INC.

FILED  
Feb 16, 2007  
Secretary of State

**Current Principal Place of Business:**

750 BELCHER ROAD NORTH  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

1005 VICTORIA DRIVE  
DUNEDIN, FL 34698 US

**New Mailing Address:**

FEI Number: 59-3123551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIKA, STEPHEN  
1005 VICTORIA DRIVE  
DUNEDIN, FL 34698 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: CEO ( ) Delete  
Name: STEPHEN SIKA,  
Address: 1005 VICTORIA DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: PRES ( ) Delete  
Name: EDWARD HALLERAN,  
Address: 11 SAN MARCO STREET # 303  
City-St-Zip: CLEARWATER, FL 33767 US

**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 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: STEPHEN SIKA

CEO

02/16/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date