

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000091562

**Entity Name:** MAZAL NURSING SERVICES, INC.

**Current Principal Place of Business:**

16990 NE 19TH AVE  
N MIAMI BEACH, FL 33162

**Current Mailing Address:**

21378 MARINA COVE CIRCLE #B15  
AVENTURA, FL 33180 US

**FEI Number: 46-1301808**

**Certificate of Status Desired: No**

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

RUB, SANDRA  
16990 NE 19TH AVE  
N. MIAMI BEACH, FL 33162 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            RUB, SANDRA  
Address        21378 MARINA COVE CIRCLE #B15  
City-State-Zip: AVENTURA FL 33180

Title            PRES  
Name            CURRY, PATRICIA  
Address        2954 SW 18TH ST  
City-State-Zip: MIAMI FL 33145

Title            VP  
Name            CURRY, JOHN  
Address        2954 SW 18TH ST  
City-State-Zip: MIAMI FL 33145

*I hereby 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 all other like empowered.*

**SIGNATURE: SANDRA RUB**

**CEO**

**04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date