

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000091562

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

**Current Principal Place of Business:**

1701 NE 164TH STREET  
SUITE 301  
N MIAMI BEACH, FL 33162

**Current Mailing Address:**

1701 NE 164TH STREET  
SUITE 301  
N MIAMI BEACH, FL 33162

**FEI Number:** 46-1301808

**Certificate of Status Desired:** No

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

RUB, SANDRA  
1701 NE 164TH STREET  
SUITE 301  
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        2021 NE 212 STREET  
City-State-Zip: N MIAMI BEACH FL 33179

Title            PRES  
Name            CURRY, PATRICIA  
Address        9154 SW 132ND LANE  
City-State-Zip: MIAMI FL 33176

Title            VP  
Name            CURRY, JOHN  
Address        9154 SW 132ND LANE  
City-State-Zip: MIAMI FL 33176

*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:** JOHN H. CURRY

**CFO**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date