

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000042541

**Entity Name:** NURSES ON CALL INC.

**Current Principal Place of Business:**

6702 A PLANTATION RD  
SUITE A  
PENSACOLA, FL 32504

**Current Mailing Address:**

6702 A PLANTATION RD  
SUITE A  
PENSACOLA, FL 32504 US

**FEI Number:** 59-3253094

**Certificate of Status Desired:** No

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

KEIEK, ANN  
6002 PLANTATION RD  
PENSACOLA, FL 32504 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 P  
Name KEIEK, ANN  
Address 7217 TWIN LAKES LANE  
City-State-Zip: PENSACOLA FL

Title V  
Name WORTHLAKE, LAURA  
Address BAYSHORE DR.  
City-State-Zip: MILTON FL

Title S  
Name KEIEK, PETER  
Address 7217 TWINLAKES LANE  
City-State-Zip: PENSACOLA FL

*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:** ANN KEIEK

**PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date