

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004680

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** LIBERTY NURSING AGENCY INC.

**Current Principal Place of Business:**

426 HERBERTSVILLE RD.  
BRICK, NJ 08724

**New Principal Place of Business:**

**Current Mailing Address:**

426 HERBERTSVILLE RD.  
BRICK, NJ 08724

**New Mailing Address:**

**FEI Number:** 20-4858064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLYNN, BRIAN  
236 EAST HORNBEAM DRIVE  
LONGWOOD, FL 32779 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: MEYER, PATRICIA  
Address: 320 GREENTREE RD.  
City-St-Zip: BRICK, NJ 08724

Title: P  
Name: MEYER, PATRICIA  
Address: 320 GREENTREE RD.  
City-St-Zip: BRICK, NJ 08724

Title: V  
Name: FLYNN, MATTHEW  
Address: 58 BENNETTS MILL RD.  
City-St-Zip: JACKSON, NJ 08527

Title: ST  
Name: FLYNN, PAMELA  
Address: 58 BENNETTS MILL RD.  
City-St-Zip: JACKSON, NJ 08527

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: PATRICIA MEYER

PRES

02/10/2011

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

\_\_\_\_\_ Date