

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004680

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC1052303301**

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

**Current Principal Place of Business:**

426 HERBERTSVILLE RD.  
BRICK, NJ 08724

**Current Mailing Address:**

426 HERBERTSVILLE RD.  
BRICK, NJ 08724

**FEI Number: 20-4858064**

**Certificate of Status Desired: No**

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

FLYNN, BRIAN  
236 EAST HORNBEAM DRIVE  
LONGWOOD, FL 32779 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            CHRM  
Name            MEYER, PATRICIA  
Address        320 GREENTREE RD.  
City-State-Zip: BRICK NJ 08724

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

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

Title            ST  
Name            FLYNN, PAMELA  
Address        58 BENNETTS MILL RD.  
City-State-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**

**PRESIDENT**

**01/17/2014**

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

\_\_\_\_\_  
Date