


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State


DOCUMENT # P00000073953

1. Entity Name
 ASPEN NURSE ADVISORS, INC.



Principal Place of Business 1776 N PINE ISLAND ROAD SUITE 318 PLANTATION, FL 33322	Mailing Address 1776 N PINE ISLAND ROAD SUITE 318 PLANTATION, FL 33322
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1044878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YAGODA, ANDREW S
 312 SE 17TH STREET
 2ND FLOOR
 FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, MELISSA L 2531 JARDIN TERRACE WESTON, FL 33327
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 03/13/07-80088-001-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melissa Morris* Melissa Morris **2/8/07** 9842586700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #