

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056457

FILED
Apr 28, 2010
Secretary of State

Entity Name: CONCEPT NURSES REGISTRY, INC.

Current Principal Place of Business:

6565 TAFT STREET SUITE 208
HOLLYWOOD, FL 33024

New Principal Place of Business:

10031 PINES BLVD.
SUITE 236
PEMBROKE PINES, FL 33025

Current Mailing Address:

6565 TAFT STREET SUITE 208
HOLLYWOOD, FL 33024

New Mailing Address:

10031 PINES BLVD.
SUITE 236
PEMBROKE PINES, FL 33025

FEI Number: 30-0571564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLAIGBE, OLA
1111 PARK CENTRE BLVD #205
MIAMI GARDENS, FL 33169 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDVS
Name: EDWARDS, ATHALIE
Address: 10031 PINES BLVD. SUITE 236
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T
Name: EDWARDS, ATHALIE
Address: 10031 PINES BLVD. SUITE 236
City-St-Zip: PEMBROKE PINES, FL 33025

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: ATHALIE EDWARDS

PD

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date