

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008324

FILED
Jan 07, 2004
Secretary of State

Entity Name: FIRSTLANTIC NURSES REGISTRY, INC.

Current Principal Place of Business:

8751 W. BROWARD BOULEVARD
SUITE 100
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

8751 W. BROWARD BOULEVARD
SUITE 100
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 85-0485250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN F II
8751 W. BROWARD BOULEVARD
SUITE 100
PLANTATION, FL 33324 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MALONEY, JOHN F
Address: 8751 WEST BORWARD BLVD #100
City-St-Zip: PLANTATION, FL 33324

Title: V () Change (X) Addition
Name: DELSING, BART T
Address: 8751 WEST BROWARD BLVD #100
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BART DELSING

V

01/07/2004

Electronic Signature of Signing Officer or Director

Date