2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008324

Entity Name: FIRSTLANTIC NURSES REGISTRY, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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8751 W. BROWARD BOULEVARD 3201 WEST COMMERCIAL BLVD

SUITE 100 220

PLANTATION, FL 33324 US FORT LAUDERDALE, FL 33309 US

Current Mailing Address: New Mailing Address:

8751 W. BROWARD BOULEVARD 3201 WEST COMMERCIAL BLVD

SUITE 100 220

PLANTATION, FL 33324 US FORT LAUDERDALE, FL 33309 US

FEI Number: 85-0485250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MALONEY, JOHN F II

8751 W. BROWARD BOULEVARD

SUITE 100

DELSING, BART T MR

3201 WEST COMMERCIAL BLVD

220

PLANTATION, FL 33324 US FORT LAUDERDALE, FL 33309 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: BART DELSING 01/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: MALONEY, JOHN F Name: MALONEY, JOHN F

Address: 8751 WEST BORWARD BLVD #100 Address: 3201 WEST COMMERCIAL BLVD #220 City-St-Zip: PLANTATION, FL 33324 City-St-Zip: FORT LAUDERDALE, FL 33309

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: DELSING, BART T Name: DELSING, BART T

Address: 8751 WEST BROWARD BLVD #100 Address: 3201 WEST COMMERCIAL BLVD #220 City-St-Zip: PLANTATION, FL 33324 City-St-Zip: FORT LAUDERDALE, FL 33309

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 01/04/2005