

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125198

**Entity Name:** A NURSES' REGISTRY, INC.

**Current Principal Place of Business:**

1411 N. FLAGLER DR.  
3901  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1411 N. FLAGLER DR.  
3901  
WEST PALM BEACH, FL 33401

**FEI Number:** 55-0909470

**Certificate of Status Desired:** No

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

ROE, NANCY  
8471 SE BRISTOL WAY  
JUPITER, FL 33458 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            D  
Name            ROE, NANCY A DIRECTOR  
Address        8471 SE BRISTOL WAY  
City-State-Zip: JUPITER FL 33458

*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:** NANCY ROE

**OWNER**

**04/11/2023**

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

\_\_\_\_\_  
Date