

**2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000056457

**Entity Name:** CONCEPT NURSES REGISTRY, INC.

**Current Principal Place of Business:**

13749 NW 18 CT  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

13749 NW 18 CT  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 30-0571564

**Certificate of Status Desired:** Yes

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

EDWARDS, ATHALIE  
13749 NW 18 CT  
PEMBROKE PINES, FL 33028 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:** ATHALIE EDWARDS

08/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDVS  
Name EDWARDS, ATHALIE  
Address 8089 NW 15 MANOR  
City-State-Zip: PLANTATION FL 33322

Title T  
Name EDWARDS, ATHALIE  
Address 8089 NW 15 MANOR  
City-State-Zip: PLANTATION FL 33322

Title OWNER  
Name EDWARDS, ATHALIE  
Address 8089 NW 15 MANOR  
City-State-Zip: PLANTATION FL 33322

*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

OWNER

08/15/2020

Electronic Signature of Signing Officer/Director Detail

Date