**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 10, 2019**
**Secretary of State**
**1238440065CC**

DOCUMENT# P10000083172

**Entity Name:** NURSING RESOURCE CONSULTING, INC.

**Current Principal Place of Business:**

5351 SW 159TH AVE
MIRAMAR, FL 33027

**Current Mailing Address:**

5351 SW 159TH AVE
MIRAMAR, FL 33027

**FEI Number: 27-3690483**

**Certificate of Status Desired:** No

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

BROWN, MAUREEN
5351 SW 159TH AVE
MIRAMAR, FL 33027 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 | P |
| Name | BROWN, MAUREEN D |
| Address | 5351 SW 159TH AVENUE |
| City-State-Zip: | MIRAMAR FL 33027 |

*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: MAUREEN BROWN MISS 03/10/2019

Electronic Signature of Signing Officer/Director Detail — Date