

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004956

FILED  
Jan 12, 2008  
Secretary of State

Entity Name: E & R MEDICAL PERSONNEL AND NURSES REGISTRY, INC.

## Current Principal Place of Business:

91 HEMLOCK HILL SOUTH  
FAIRFIELD, CT 06824

## New Principal Place of Business:

## New Mailing Address:

91 POINT JUDITH ROAD  
#305  
NARRAGANSETT, RI 02882

## Current Mailing Address:

91 HEMLOCK HILL SOUTH  
FAIRFIELD, CT 06824

FEI Number: 31-1782212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN ALSTINE, MARY  
8320 MURFIELD  
PT ST LUCIE, FL 34986 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: PTC ( ) Delete  
Name: VAN ALSTINE, MARY  
Address: 91 HEMLOCK HILL SO  
City-St-Zip: FAIRFIELD, CT 06824

Title: VPVC ( ) Delete  
Name: VAN ALSTINE, JAMES  
Address: 91 HEMLOCK HILL SO  
City-St-Zip: FAIRFIELD, CT 06824

Title: S ( ) Delete  
Name: VAN ALSTINE, JAMES  
Address: 91 HEMLOCK HILL SO  
City-St-Zip: FAIRFIELD, CT 06824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTC (X) Change ( ) Addition  
Name: VAN ALSTINE, MARY  
Address: 8320 MUIRFIELD WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VPVC (X) Change ( ) Addition  
Name: VAN ALSTINE, JAMES  
Address: 8320 MUIRFIELD WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S (X) Change ( ) Addition  
Name: VAN ALSTINE, JAMES  
Address: 8320 MUIRFIELD WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY VANALSTINE

P

01/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date