2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# F07000003545

Entity Name: SOPHIA PALMER NURSES RISK RETENTION GROUP, INC.

Current Principal Place of Business:

2810 W CHARLESTON BLVD SUITE H-81
LAS VEGAS, NV 89102

New Principal Place of Business:

Current Mailing Address:

500 NORTHRIDGE RD SUITE 330
ATLANTA, GA 30350

New Mailing Address:

FEI Number: 20-8513439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SITTERSON, CURTIS
150 W FLAGLER SUITE 2200
MIAMI, FL 33130 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: TAYLOR, EDWIN
Address: 1601 PINE LAKE DR
City-St-Zip: VENICE, FL 34285

Title: VCST ( ) Delete
Name: JOHNSON, RAYMOND
Address: 1000 VICARS LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: HARTER, CAROL DR
Address: 4505 MARYLAND PARKWAY
City-St-Zip: LAS VEGAS, NV

Title: D ( ) Delete
Name: BOYD, JANEGALE
Address: 1812 RIGGINS RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDWIN TAYLOR P 05/28/2008

Electronic Signature of Signing Officer or Director Date