


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90114 009 \*\*\*\*61.25

<b>DOCUMENT # N02000008277</b>	
1. Entity Name <b>NURSE ALLIANCE OF FLORIDA, INC.</b>	

Principal Place of Business <b>1525 NW 167 STREET</b> <del>150-120</del> <b>MIAMI, FL 33169</b>	Mailing Address <b>1525 NW 167 STREET</b> <del>150-120</del> <b>MIAMI, FL 33169</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>120</b>	Suite, Apt. #, etc. <b>120</b>	City & State	City & State
Zip	Country	Zip	Country



06032004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>56-2417124</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6.-Name and Address of Current Registered Agent	
<b>RICHARD, MARK PHILLIPS, RICHARD &amp; RIND 6950 N KENDALL DR MIAMI, FL 33156</b>	

7.-Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, MARTHA 1525 NW 167 STREET MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN SANT, LAURA 1525 NW 167 STREET MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENUNG, FRANK 1525 NW 167 STREET MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ, MARIA 1525 NW 167 STREET MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETT, SHERYL II 1525 NW 167 STREET MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, JULIA 1525 NW 167 STREET MIAMI, FL 33169 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEBRA DIAZ-REILLY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1525 NW 167 ST</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PETTITT, SHERYL</b> <b>1525 NW 167 ST</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like information.

SIGNATURE: 	6-30-04 305-620-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #