

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000041453

FILED
Dec 20, 2006
Secretary of State

Entity Name: ACCESSIBLE NURSE REGISTRY, INC.

Current Principal Place of Business:

210 N. UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS, FL 33061 US

New Principal Place of Business:

Current Mailing Address:

210 N. UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS, FL 33061 US

New Mailing Address:

210 N. UNIVERSITY DRIVE
SUITE 806
CORAL SPRINGS, FL 33061 US

FEI Number: 65-1097960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEM, MIRELLA
210 N. UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS, FL 33061 US

Name and Address of New Registered Agent:

SALEM, MIRELLA
210 N. UNIVERSITY DRIVE
SUITE 806
CORAL SPRINGS, FL 33061 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: MIRELLA SALEM

12/20/2006

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: P () Delete
Name: SALEM, MIRELLA
Address: 210 N. UNIVERSITY DRIVE, SUITE 707
City-St-Zip: CORAL SPRINGS, FL 33061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALEM, MIRELLA
Address: 210 N. UNIVERSITY DRIVE, SUITE 806
City-St-Zip: CORAL SPRINGS, FL 33061

I hereby certify that the information supplied with this filing does not qualify for the 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: MS

P

12/20/2006

Electronic Signature of Signing Officer or Director

Date