2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P01000045018

Entity Name: PRN LEGAL NURSE CORPORATION

Current Principal Place of Business:

4897 HARBOR WOODS DR.
PALM HARBOR, FL 34683

New Principal Place of Business:

4897 HARBOR WOODS DR.
PALM HARBOR, FL 34683 US

Current Mailing Address:

4897 HARBOR WOODS DR.
PALM HARBOR, FL 34683

New Mailing Address:

4897 HARBOR WOODS DR.
PALM HARBOR, FL 34683 US

FEI Number: 59-3714821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONDRA TEPPER
4897 HARBOR WOODS DRIVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

TEPPER, SONDRA MD
4897 HARBOR WOODS DRIVE
PALM HARBOR, FL 34683 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: SONDRA TEPPER 01/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: TEPPER, LORETTA RN
Address: 4897 HARBOR WOODS DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VPT (X) Delete
Name: TEPPER, SONDRA MD
Address: 4897 HARBOR WOODS DR.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SONDRA TEPPER, MD,
Address: 4897 HARBOR WOODS DR.
City-St-Zip: PALM HARBOR, FL 34683 US

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: SONDRA TEPPER, MD OFF 01/30/2009
Electronic Signature of Signing Officer or Director Date