

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000045018

**FILED**  
**Aug 01, 2010**  
**Secretary of State**

**Entity Name:** PRN LEGAL NURSE CORPORATION

**Current Principal Place of Business:**

4897 HARBOR WOODS DR.  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

4897 HARBOR WOODS DR.  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-3714821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SONDRA TEPPER  
**Address:** 4897 HARBOR WOODS DR.  
**City-St-Zip:** PALM HARBOR, FL 34683 US

**Title:** EVP  
**Name:** CAROL FEUGER  
**Address:** 5708 OAKLEIGH TRACE COURT  
**City-St-Zip:** MOBILE, AL 36693 US

**Title:** VP  
**Name:** LORETTA TEPPER  
**Address:** 4897 HARBOR WOODS DR  
**City-St-Zip:** PALM HARBOR, FL 34683 US

I hereby 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 all other like empowered.

**SIGNATURE:** SONDRA TEPPER

PRES

08/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date