2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000046600

Entity Name: LEGAL NURSE CONSULTING, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

905 N HARBOR CITY BLVD WATERLINE MARINA SLIP A1 MELBOURNE, FL 32935 US

Current Mailing Address: New Mailing Address:

705 S HARBOR CITY BLVD PO BOX 212

SLIP 65 MELBOURNE, FL 329020212 US MELBOURNE, FL 32901 US

FEI Number: 95-3018170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OTTO, WANDA J RN
705 S HARBOR CITY BLVD
SLIP 65
MELBOURNE, FL 32901 US
OTTO, WANDA J RN
PO BOX 212
MELBOURNE, FL 329020212 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: 04/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: OTTO, WANDA J RN Name: OTTO, WANDA J RN

 Name:
 OTTO, WANDA J RN
 Name:
 OTTO, WANDA J

 Address:
 705 S HARBOR CITY BLVD
 Address:
 PO BOX 212

City-St-Zip: MELBOURNE, FL 32901 US City-St-Zip: MELBOURNE, FL 329020212 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WANDA J OTTO PD 04/29/2003