2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000074670

Entity Name: PROFESSIONAL NURSING FOREIGN SERVICE, INC.

Current Principal Place of Business:

8255 W. SUNRISE BLVD., #145
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8255 W. SUNRISE BLVD., #145
PLANTATION, FL 33322

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, SUNDAY
6919 W. BROWARD BLVD., #270
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

ADOLPHUS, LINTON
8255 W.SUNRISE BLVD.,#145
PLANTATION, FL 33322 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: ADOLPHUS LINTON 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINTON, ADOLPHUS
Address: 8255 W. SUNRISE BLVD., #145
City-St-Zip: PLANTATION, FL 33322

Title: VD ( ) Delete
Name: MCCALLA, MARCIA
Address: 8255 W. SUNRISE BLVD., #145
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: LINTON, DIONNE V
Address: 8255 W. SUNRISE BLVD., #145
City-St-Zip: PLANTATION, FL 33322

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: ADOLPHUS LINTON PD 04/29/2002
Electronic Signature of Signing Officer or Director Date