

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000085482 1. Entity Name MAXICARE NURSE REGISTRY, INC.	
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Principal Place of Business 17304 WALKER AVENUE MIAMI, FL 33157	Mailing Address 17304 WALKER AVENUE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1133622	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BREWSTER, RENDELL L
15321 S DIXIE HWY STE 305
PEMBROKE PINES, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when existing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000122023 04/21/04-80013-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLOYD, SYLVIA 9755 CUTLER RD DRIVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLOYD, ERNEST 9755 CUTLER RD DRIVE MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with full power to be empowered.

SIGNATURE: Ernest Floyd **Ernest Floyd** 4-19-04 786-573-0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #