

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91080 048 ***158.75

DOCUMENT # P01000085482

1. Entity Name

MAXICARE NURSE REGISTRY, INC.



Principal Place of Business

**17304 WALKER AVENUE
MIAMI FL 33157**

Mailing Address

**17304 WALKER AVENUE
MIAMI FL 33157**

2. Principal Place of Business

17304 Walker Ave

Suite, Apt. #, etc.

Suite 122

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Address

17304 Walker Ave

Suite, Apt. #, etc.

Suite 122

City & State

Miami, FL

Zip

33157

Country

USA

4. FEI Number

65-1133622

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARRISON, DON

1100 SW 128TH TERRACE

PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Brendell L. Brewster

Street Address (P.O. Box Number is Not Acceptable)

15321 S. Dixie Hwy. Suite 305

City

Miami

FL

Zip Code

33157

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

Brendell L. Brewster

3-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLOYD, SYLVIA**
STREET ADDRESS **9755 CUTLER ROAD DRIVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **FLOYD, SYLVIA**
STREET ADDRESS **9755 CUTLER ROAD DRIVE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **P** ☐ Change ☒ Addition
NAME **FLOYD, ERNEST**
STREET ADDRESS **9755 CUTLER ROAD DRIVE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.

SIGNATURE:

Brendell L. Brewster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

Daytime Phone #

CR2E034 (10/02)