**FILED** 

May 05, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P01000109758 DOCUMENT #

1. Entity Name



05-05-2003 90300 008 \*\*\*150 00 NURSE LEGAL SOLUTIONS, INC. Principal Place of Business Mailing Address 1.福台市 ( ) ( ) ( ) 9860 SW 2ND ST. 9860 SW 2ND ST. PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business-3.- Mailing Address -Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1151508 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Beautred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLIN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 9860 SW 2 STREET PLANTATION FL 33324 City Zin Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition MULLIN, STACEY H NAME NAME 9860 SW 2ND ST. STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 her like empowere

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date