



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90011 044 \*\*\*150.00

<b>DOCUMENT # P02000005633</b>					
<b>1. Entity Name</b> FAUST FLIGHT NURSING, INC.					
<b>Principal Place of Business</b> 3462 N W 112TH WAY CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 3462 N W 112TH WAY CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business</b> 4020 GALT OCEAN MILE DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4020 GALT OCEAN MILE DR Suite, Apt. #, etc.		54059057 	
<b>City &amp; State</b> Fort Lauderdale, FL		<b>City &amp; State</b> Fort Lauderdale, FL		06242004    Chg-P    CR2E034 (10/03)	
<b>Zip</b> 33308		<b>Country</b> USA		<b>4. FEI Number</b> 02-0537641	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> FAUST, MICHELE L 3462 N W 112TH WAY CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b> Name: FAUST, Michele L Street Address (P.O. Box Number is Not Acceptable): 4020 GALT OCEAN MILE DR City: Fort Lauderdale FL    Zip Code: 33308		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, MICHELE 3462 N W 112TH WAY CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, Michele 4020 GALT OCEAN MILE DR Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Michele Faust</i>		<i>PRES</i>		<i>6/24/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



*Attachment 54059057*  
**F. KENNETH TOMEK**

*Certified Public Accountant*

10100 West Sample Road • Suite 318  
Coral Springs, Florida 33065

Tel: (954) 340-8880 • Fax: (954) 341-6161

Email: FKTCPA@aol.com

June 24, 2004

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: FAUST FLIGHT NURSING, INC. (P02000005633)

Dear Administrators:

Enclosed herewith is a check for \$150.00 payable to Department of State, along with the 2004 FOR PROFIT CORPORATION ANNUAL REPORT for the above referenced corporation.

We hereby request that you accept my clients payment for above referenced corporation due to the fact the Annual UBR report was never forwarded to there new address. My client's address has changed and reported the appropriate changes to the postal authorities for mail forwarding.

Thank you very much concerning this matter and if we can be of any further assistance please do not hesitate to contact this office.

Very Truly Yours,

*F. Kenneth Tomek, CPA*  
F. Kenneth Tomek, CPA