

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90175 004 ***150.00

DOCUMENT # P0200000 9260

1. Entity Name

CK Legal Nurse Consultants, Inc. (L)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 SW 4th AVE.

Suite, Apt. #, etc.

3B

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Address

901 SW 4th AVE.

Suite, Apt. #, etc.

3B

City & State

BOCA RATON FL

Zip

33432

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0444414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CINDY L. ROGERS

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

901 SW 4th AVE., #3B

City

BOCA RATON

FL

Zip Code

33432

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 renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME CINDY ROGERS
STREET ADDRESS 901 SW 4th AVE. #3B
CITY-ST-ZIP BOCA RATON FL 33432

TITLE V
NAME KAREN REGAN
STREET ADDRESS 4970 NW 115th Way
CITY-ST-ZIP Coral Springs FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment #

80143297

PG2000009260

AUGUST 29, 2003

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

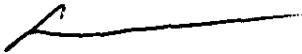
RE: CK LEGAL NURSE CONSULTANTS, INC. 03-0444414

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR ANNUAL REPORT FOR CALENDAR YEAR 2003. ACCORDINGLY, PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$150 TO COVER THE INITIAL FILING FEE ALONG WITH A COMPLETED ANNUAL REPORT FOR 2003. WE ARE RESPECTFULLY REQUESTING AN ABATEMENT OF ANY PENALTIES THAT MAY HAVE ACCRUED DUE TO THIS ERROR.

THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,



CINDY ROGERS, PRESIDENT