

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90075 047 \*\*\*150.00

DOCUMENT # P02000079100

1. Entity Name

FIRST QUALITY NURSES REGISTRY, INC.



Principal Place of Business

3800 W BROWARD BLVD  
111  
FT LAUDERDALE FL 33312

Mailing Address

1300 ST CHARLES PL #720  
720  
PEMBROKE PINES FL 33026

2. Principal Place of Business

35621 CR 439

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis FL

City & State

Zip 32736 Lake

Country

Zip

Country

4. FEI Number

71-0947464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOOTH, BEVERLEY  
1300 ST CHARLES PLACE 3720  
HOLLYWOOD FL 33026

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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**

**After May 1, 2005 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	DS	<input type="checkbox"/> Delete
NAME	BOOTH, ANNETTE	
STREET ADDRESS	3800 W BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	BOOTH, BEVERLY	
STREET ADDRESS	3800 W BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Beverly Booth (Beverly Booth) 4/5/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #