

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079176

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: HORIZON NURSING REGISTRY, INC.

## Current Principal Place of Business:

7950 SOUTH MILITARY TRAIL  
SUITE 105  
LAKE WORTH, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

7950 SOUTH MILITARY TRAIL  
SUITE 105  
LAKE WORTH, FL 33463

## New Mailing Address:

FEI Number: 27-0024261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, COURTNEY D  
7950 SOUTH MILITARY TRAIL  
SUITE 105  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

ROBINSON, MARLENE  
7950 SOUTH MILITARY TRAIL  
SUITE 105  
LAKE WORTH, FL 33463 US

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.

SIGNATURE: MARLENE ROBINSON

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ROBINSON, MARLENE  
Address: 7950 SOUTH MILITARY TRAIL, SUITE 105  
City-St-Zip: LAKE WORTH, FL 33463

Title: DVP (X) Delete  
Name: ROBINSON, COURTNEY D  
Address: 7950 SOUTH MILITARY TRAIL, SUITE 105  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE ROBINSON

DP

04/09/2009

Electronic Signature of Signing Officer or Director

Date