



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90677 029 \*\*\*150.00

<b>DOCUMENT # P02000114055</b> 1. Entity Name <b>PICARELLO LEGAL NURSE CONSULTANT SERVICES, INC.</b>					
Principal Place of Business <b>433 WOODCREST STREET WINTER SPRINGS, FL 32708</b>				Mailing Address <b>433 WOODCREST STREET WINTER SPRINGS, FL 32708</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>1170 Tree Swallow Dr. #319 Winter Springs, FL 32708</b> City & State Zip			
4. FEI Number <b>14-1858832</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>PICARELLO, JULIA L 433 WOODCREST STREET WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent Name <b>Julia Lynn Picarello</b> Street Address (P.O. Box Number is Not Acceptable) <b>1170 Tree Swallow #319</b> City <b>Winter Springs</b> FL Zip Code <b>32708</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. SIGNATURE <u><i>Julia Lynn Picarello</i></u> <b>Julia Lynn Picarello</b> <span style="float: right;">4-29-04</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PICARELLO, JULIA L 433 WOODCREST STREET WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1170 Tree Swallow Dr. #319 Winter Springs, FL 32708</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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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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: <u><i>Julia Lynn Picarello</i></u> <b>Julia Lynn Picarello</b> <span style="float: right;">4-29-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					