



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000116889	
1. Entity Name INDEPENDENT NURSES, P.A.	

Principal Place of Business 1200 US 27 NORTH LOT 128 SEBRING, FL 33870	Mailing Address PO BOX 2430, PMB 1740 PENSACOLA, FL 32513
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DO NOT WRITE IN THIS SPACE

	
02172004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2298602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOSSETT, GARY R JR, ESQ
GOSSETT LAW OFFICES PA
2221 US 27 SOUTH
SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000090030 03/16/04-80014-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, STEVEN M RN 1200 US 27 NORTH LOT 128 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, DEBORAH R RN 1200 US 27 NORTH LOT 128 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: Deborah R. Murphy Deborah R. Murphy 3/12/04 407-421-5297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #