

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90132 011 ***150.00

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DOCUMENT # P02000120599

1. Entity Name
LEGAL NURSE CONSULTANTS OF SOUTH FLORIDA, CORP.



Principal Place of Business
**3542 SOUTHERN ORCHARD RD. WEST
DAVIE FL 33228**

Mailing Address
**3542 SOUTHERN ORCHARD RD. WEST
DAVIE FL 33228**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3751615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33328

Country

Zip
33328

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, MARIA F

~~**3542 SOUTHERN ORCHARD RD. WEST**~~

~~**DAVIE FL 33228**~~

Name

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

3542 SOUTHERN ORCHARD RD. WEST

City **DAVIE**

FL

Zip Code
33328

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]

4/17/03.

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERNANDA, MARIA
3542 SOUTHERN ORCHARD RD. WEST
DAVIE FL 33228

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIE FL 33328

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]
SIGNATURE REQUIRED

4/17/03.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)