

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000122490

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** AZTEK NURSING REGISTRY INC.

**Current Principal Place of Business:**

16201 SW 95TH AVENUE  
SUITE 213  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

16201 SW 95TH AVENUE  
SUITE 213  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 45-0491481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIRLEY, RONNIE L  
10851 SW 167TH STREET  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHIRLEY, RONNIE L  
Address: 10851 SW 167 STREET  
City-St-Zip: MIAMI, FL 33157

Title: A  
Name: SHIRLEY, MARILYN  
Address: 10851 SW 167 STREET  
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: RONNIE SHIRLEY

PRES

04/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date