

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016130

FILED
Jun 17, 2004
Secretary of State

Entity Name: ALLIED NURSES & HEALTHCARE, INC.

Current Principal Place of Business:

54 WHIPPOORWILL DRIVE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

54 WHIPPOORWILL DRIVE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 01-0777105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORIAL & ASSOCIATES, LLC
9425 CRAVEN ROAD
SUITE 5
JACKSONVILLE, FL 32257 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, REEHANY
Address: 54 WHIPPOORWILL DRIVE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REEHANY SMITH

P

06/17/2004

Electronic Signature of Signing Officer or Director

Date