

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 25, 2004 8:00 am
Secretary of State

08-11-2004 90003 006 ***150.00

DOCUMENT # P03000016981 1. Entity Name NURSING SOLUTIONS INTERNATIONAL, INC.			
Principal Place of Business 5725 CORPORATE WAY STE 108 WEST PALM BCH, FL 33407		Mailing Address 5725 CORPORATE WAY STE 108 WEST PALM BCH, FL 33407	
2. Principal Place of Business 229 GOLF CLUB CIRCLE Suite, Apt. #, etc.		3. Mailing Address 229 GOLF CLUB CIRCLE Suite, Apt. #, etc.	
City & State TEQUESTA, FLORIDA Zip Country 33469 US		City & State TEQUESTA, FLORIDA Zip Country 33469 US	
4. FEI Number 05-0554202 Applied For 05-554302 Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KYLE, DAVID 5725 CORPORATE WAY STE 108 WEST PALM BCH, FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 229 GOLF CLUB CIRCLE City TEQUESTA FL Zip Code 33469	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D KYLE, DAVID 5725 CORPORATE WAY STE 108 WEST PALM BCH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 229 GOLF CLUB CIRCLE TEQUESTA, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8/5/04 Daytime Phone #	

66432567



08032004 Chg-P CR2E034 (10/03)

ATTACHMENT

66432567

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 1, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: Nursing Solutions International, Inc.

Document #: P03000016981

FEIN: 05-0554202

Tax Form: UBR

Tax Period: 2004

To Whom It May Concern:

We have enclosed check # in the amount of \$150.00 for the 2004 Annual Renewal of Nursing Solutions International, Inc, Document # P03000016981.

Please abate the penalty as Mr. Kyle did not receive the original UBR. The Corporation is newly formed and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc