2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

7414	11072 122. 012.			i					
DOCUMENT # P0300047664 1. Entity Name LAURA BELL & ASSOCIATES-LEGAL NURSE CONSULTANTS, INC.					03-05-20	004 90017 0	12 ***	*150.00	
Principal Place of Business Mailing Address									
11035 SW 132 CT UNIT #3 MIAMI, FL 33186-7945	11035 SW 132 CT UN	11035 SW 132 CT UNIT #3 MIAMI, FL 33186-7945		66406947					
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2. Principal Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02182004	Chg-P	CR2E034 (1	10/03)		
City & State	City & State			4. FEI Number 02	069099	16		Applicable	
Zip Country	Zip	Count	ry		ol Status Desired	Fee!	75 Addi Required		
Name and Address of Current Registered Agent			None	7. Name and	Address of New F	Registered Agen	<u>t</u>		
DELL LAUDA	- ·		Name						
BELL, LAURA 11035 SW 132 CT UNIT #3 MIAMI, FL 33186-7945			Street Address (P.O. Box Number is Not Acceptable)						
			City	, (FL)					
B. The above named entity submits the the obligations of registered agent.	is statement for the purpose of changing it	s registere	d office or registe	red agent, or bo	h, in the State of H	orida. I am temili	.ar with, i	and accept	
SIGNATURE Signature, typed or printed name	of ragistered agent and title if applicable. (NO	TE: Registered	Agent signature require	d when reinstating)		DATE			
FILE NOWIII FEE IS \$ After May 1, 2004 Fee wil	9. Election Campa 11. be .\$550.00 Trust Fund Cor		cing \$5	.00 May Be sed to Fees	8	-			
	FFICERS AND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	ICERS AND DIR	ECTORS	3IN 11	
TITLE President	☐ Daleta	TITLE			-		Change	Addition	
HAME LOURS 136 1	1. 102 P.L. # 5								
CITY-ST-IP MIAMI, FL 3	3/86		ET ADORESS -ST-ZIP						
गार	☐ Delete	TITLE					Change	Addition	
NAME		NAME							
STREET ADDRESS CHY-ST-ZP			ET ADORESS -ST-ZIP		- 4				
TITLE	☐ Deleta	TITLE					Change	Addition	
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STREET ADDRESS			ET ADDRESS		<i>f.</i>				
CITY-ST-ZIP	— —		-ST-ZP .			·	Charter:		
TITLE	☐ Delete	TITLE				u	Change	Addition	
STREET ADDRESS		4	ET ADORESS						
CITY-ST-ZIP			-ST-ZIP						
	n supplied with this filling does not qualify f			action 119 07/31	(I). Florida Statutes	I further cedify #	hat the is	nformation	
indicated on this report or supple	n supplied with this filing does not qualify f mental report is true and accurate and that	t my signal	ture shall have the	same legal effe	ct as if made under	oath; that I am a	n officer	or director	

Thereby certify that the information supplied with this lining does not quality for the exemption stated in Section 119.07(3)), horida statutes. Turner certify that the information indicated on this report or suppliemental 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 direction 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:

BUUNU DI BARL (Lavia H. Bell)

02-26-04

36-385-9886

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Daytime Phone (