

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075250

FILED
Mar 08, 2004
Secretary of State

Entity Name: LA NURSE HOME HEALTH CARE REGISTRY, INC.

Current Principal Place of Business:

2501 SOUTH SEACREST BLVD SUITE 2
BOYNTON BEACH, FL 33435

New Principal Place of Business:

2501 SOUTH SEACREST BLVD
SUITE 2
BOYNTON BEACH, FL 33435

Current Mailing Address:

2501 SOUTH SEACREST BLVD SUITE 2
BOYNTON BEACH, FL 33435

New Mailing Address:

2501 SOUTH SEACREST BLVD
SUITE 2
BOYNTON BEACH, FL 33435

FEI Number: 27-0063528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROZ, FILIP
2501 SOUTH SEACREST BLVD SUITE 2
BOYNTON BEACH, FL 33435

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OROZ, JELICA
Address: 2501 SOUTH SEACREST BLVD SUITE 2
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: OROZ, FILIP
Address: 2501 SOUTH SEACREST BLVD SUITE 2
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JELICA OROZ

D

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date