1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # P03000120798

1. Entity Name
Medical-Legal Nurse Consulting, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19710 NW 9th Dr.	19710 NW 9th Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33029 Country	Zip: 33029 Country

4. FEI Number: 81-0635714 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Carron Bramwell

Street Address (P.O. Box Number is Not Acceptable): 19710 NW 9th Drive

City: Pembroke Pines FL Zip Code: 33029

DO NOT WRITE IN THIS SPACE

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: Carron Bramwell DATE: 1-5-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Carron Bramwell
STREET ADDRESS	19710 NW 9th Drive
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/28/05--01015--013 **300.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carron Bramwell 1-5-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

January 5th, 2005
Medical – Legal Nurse Consulting, Inc.
19710 NW 9th Drive
Pembroke Pines, Florida 33029

To whom it may concern:

Name of company: **Medical – Legal Nurse Consulting, Inc.**
Dock Number: **P03000120798**

Please find enclose a check for **Three Hundred Dollars ($300.00)** for 2004 and 2005 annual report. We ask with this letter that the penalty fee be waved due to the fact that we did not receive notification by mail for 2004.

Thanking you in advance.

Sincerely,

Carron Bramwell

Carron Bramwell