2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# P04000066812

Entity Name: AMERICAN SOCIETY OF LEGAL NURSE CONSULTANTS, INC

Current Principal Place of Business:

12555 ORANGE DRIVE,
FORT LAUDEDALE, FL 33330

New Principal Place of Business:

4781 N CONGRESS AVE
SUITE #184
BOYTON BEACH, FL 33426

Current Mailing Address:

PO BOX 551958
FORT LAUDERDALE, FL 33355

New Mailing Address:

4781 N CONGRESS AVE
SUITE # 184
BOYNTON BEACH, FL 33426

FEI Number: 20-1074809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROONEY, DONNA L ESQ.
3800 SOUTH OCEAN DRIVE
SUITE 224
FORT LAUDERDALE, FL 33019 US

Name and Address of New Registered Agent:

LUTTRELL, KAREN PRES
346 SW 7TH AVENUE
BOYNTON BEACH, FL 33435 US

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: KAREN LUTTRELL, RN,RNLC 02/07/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LUTTRELL, KAREN BSN RN
Address: 346 SW 7TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP (X) Delete
Name: LUTRELL, KAREN RN
Address: 346 SW 7TH AVENUE
City-St-Zip: BOYTON 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: KAREN LUTTRELL, RN,RNLC PRES 02/07/2005
Electronic Signature of Signing Officer or Director Date