

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079485

FILED
Jul 14, 2006
Secretary of State

Entity Name: ALL RISE LEGAL NURSE CONSULTANTS, INC.

Current Principal Place of Business:

11680 NW 19TH DR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

934 N UNIVERSITY DRIVE
287
CORAL SPRINGS, FL 33071

Current Mailing Address:

11680 NW 19TH DR
CORAL SPRINGS, FL 33071

New Mailing Address:

934 N UNIVERSITY DRIVE
287
CORAL SPRINGS, FL 33071

FEI Number: 56-2460690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLICHTE, PAUL G
2134 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFE, CHERYL
Address: 11680 NW 19TH DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD () Delete
Name: DAMATO, JOANNE
Address: 11680 NW 19TH DR
City-St-Zip: CORAL SPRINGS, FL 33071

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 Chapter 119, 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: CHERYL WOLFE

PD

07/14/2006

Electronic Signature of Signing Officer or Director

Date