

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90038 002 ***150.00

DOCUMENT # P04000095009	
1. Entity Name PRIORITY CARE NURSES REGISTRY, INC.	



Principal Place of Business 5289 NW 112 WAY CORAL SPRINGS, FL 33076	Mailing Address 5289 NW 112 WAY CORAL SPRINGS, FL 33076
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40011344

2. Principal Place of Business 7134 W. M-8 RD		3. Mailing Address 7134 W M-8 RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC, FL		City & State TAMARAC, FL	
Zip 33321	Country USA	Zip 33321	Country USA



01102005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3794779		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent KEISE, AUDREY A 5289 NW 112 WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: DATE: **1/28/05**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEISE, AUDREY A 5289 NW 112 WAY CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEISE, COURTNEY 5289 NW 112 WAY CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **1/28/05** DAYTIME PHONE: **9547267890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR