

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P04000122266	
1. Entity Name JACKSONVILLE NURSING CONSULTANTS, INC.	
Principal Place of Business 823 CEDAR ST JACKSONVILLE, FL 32207	Mailing Address P O BOX 10031 JACKSONVILLE, FL 32247



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1976180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEPE, DONALD S 823 CEDAR ST JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROSSI, BRIDGET M 823 CEDAR ST JACKSONVILLE, FL 32207
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Bridget M. Rossi

Bridget M. Rossi

3/11/08

(904) 396-6033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #