

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -8 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P04000132552		
1. Entity Name T.A. LEGAL NURSE CONSULTANT, INC.		

Principal Place of Business 3985 NW 176TH ST MIAMI, FL 33055	Mailing Address 3985 NW 176TH ST MIAMI, FL 33055
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2. Principal Place of Business 3985 N.W. 176th. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 173635 Suite, Apt. #, etc.
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10212005 REIN-P CR2E098 (6/04)

City & State Miami Gardens, Fla.	City & State Hialeah, Florida	4. FEI Number 05-0609403	Applied For Not Applicable
Zip 33055	Country USA	Zip 33017-3635	Country Dade

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS-ANDERSON, WILLIE ALLEN 3985 NW 176TH ST MIAMI, FL 33055	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 Willie Allen Thomas-Anderson DATE 10/30/05

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 January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS-ANDERSON, WILLIE ALLEN 3985 NW 176TH ST MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061256423 11/08/05--01041--007 **158.75
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
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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: Willie Allen Thomas-Anderson DATE 10/30/05 305 625-8433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1169