

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90124 002 \*\*\*150.00

**14018600**



07062005 Chg-P CR2E034 (10/03)

4. FEI Number **74-3138762** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JAMES-FRANCIS, MAXINE DR.  
7940 NW 29TH STREET  
MARGATE, FL 33063

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES-FRANCIS, MAXINE DR.	
STREET ADDRESS	7940 NW 29TH STREET	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN-DALEY, VANILYN DR.	
STREET ADDRESS	3361 NW 38TH AVE.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Maxine A. James-Francis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 934 4850215  
Date Daytime Phone #

Dr. Maxine A. James-Francis RN OPA

ATTACHMENT

14018606  
#POT000137696

**International Nursing Consultants, Inc.**  
**5546 W. Oakland Park Blvd.**  
**Suite 201**  
**Lauderhill, FL 33313**



June 30, 2005

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
PO Box 6237  
Tallahassee, FL 32314

Dear Ms. Hood,

Please be advised that I never received a notice in the mail prior to the enclosed "Notice of Intent to Dissolve".

With your permission I am enclosing a check in the amount of \$150 (one hundred and fifty dollars) for filing of the Annual Report

Respectfully,

Maxine A. James-Francis, DPA RN  
Co-Founder