2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# P04000137696

Entity Name: INTERNATIONAL NURSING CONSULTANTS INCORPORATED

Current Principal Place of Business:

2800 WEST OAKLAND PARK BLVD
SUITE 204
OAKLAND PARK, FL 33311 US

New Principal Place of Business:

5460 NORTH STATE ROAD 7
SUITE 216
NORTH LAUDERDALE, FL 33319 US

Current Mailing Address:

2800 W. OAKLAND PARK BLVD
SUITE 204
OAKLAND PARK, FL 33311 US

New Mailing Address:

5460 NORTH STATE ROAD 7
SUITE 216
NORTH LAUDERDALE, FL 33319 US

FEI Number: 74-3138762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES-FRANCIS, MAXINE DR.
2800 W. OAKLAND PARK BLVD
SUITE 204
OAKLAND PARK, FL 33311 US

Name and Address of New Registered Agent:

JAMES-FRANCIS, MAXINE DR.
5460 NORTH STATE ROAD 7
SUITE 216
NORTH LAUDERDALE, FL 33319 US

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: DR. MAXINE JAMES-FRANCIS 05/04/2010
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: PRES
Name: JAMES-FRANCIS, MAXINE DR.
Address: 5460 NORTH STATE ROAD 7, SUITE # 216
City-St-Zip: NORTH LAUDERDALE, FL 33319

Title: VP
Name: BROWN-DALEY, VANILYN
Address: 5460 NORTH STATE ROAD 7, SUITE # 216
City-St-Zip: NORTH LAUDERDALE, FL 33319

Title: BM
Name: BUCHANAN, PATRICK L
Address: 5460 NORTH STATE ROAD 7, SUITE # 216
City-St-Zip: NORTH LAUDERDALE, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: DR. MAXINE JAMES-FRANCIS PRES 05/04/2010
Electronic Signature of Signing Officer or Director Date