2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089775

Address:

1111 SW 16TH AVENUE

City-St-Zip: GAINESVILLE, FL 32601

Entity Name: GLOBAL NURSE RECRUITERS CORPORATION

FILED Jun 08, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	43RD STREET		2632 NW 43RD STRE	ET	
SUITE B-9 GAINESVI	91 LLE, FL 32606		SUITE A-115 GAINESVILLE, FL 326	606	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2022 NRA	40DD 0TDEET		2022 NIM 42DD OTDE		
SUITE B-9	43RD STREET 91 LLE, FL 32606		2632 NW 43RD STRE SUITE A-115 GAINESVILLE, FL 326		
FEI Number	: 20-3046773	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address o	f New Registered Agent:	
GAINESVI	38TH ROAD LLE, FL 32606	US	nurness of shanning its registers	d office or registered agent or better	
	e named entity st e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P/TR ()[JARVIS, AARON 2541 SE 37 STR OCALA, FL 3447	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPNA () I IZON, ANGELITO 8522 NW 38TH F GAINESVILLE, F	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPO ()[GAMAD, NICK H 9726 SW 95TH F GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPHA (X) I JARVIS, WALTE PO BOX 4072 BELLEVIEW, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC (X) I BULAHAN, SAMH	Delete IAIN B	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: AARON M. JARVIS P/TR 06/08/2006