

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125198

**Entity Name:** A NURSES' REGISTRY, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1411 N. FLAGLER DR.  
3901  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1411 N. FLAGLER DR.  
3901  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 55-0909470      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROE, NANCY  
104 TIMBER LN.  
JUPITER, FL 33458    US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:      D  
Name:      ROE, NANCY  
Address:      104 TIMBER LN.  
City-St-Zip:      JUPITER, FL 33458

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: NANCY ROE

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date