

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013967

FILED
Apr 30, 2008
Secretary of State

Entity Name: FAMILY CARE NURSE REGISTRY FORT MYERS, INC.

Current Principal Place of Business:

13180 N. CLEVELAND AVENUE
SUITE 118
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

6151 MIRAMAR PARKWAY
SUITE 125
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR-BROWN, JANNETT R RA
6151 MIRAMAR PARKWAY
SUITE 125
MIRAMAR, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNTER-BURRELL, LUCILLE A P
Address: 13180 N. CLEVELAND AVENUE SUITE 118
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: TAYLOR-BROWN, JANNETT R VP
Address: 6151 MIRAMAR PARKWAY, SUITE 125
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JANNETT TAYLOR-BROWN

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date