2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013967

FILED May 05, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	CLEVELAND AVENUE			
SUITE 118 NORTH F	8 ORT MYERS, FL 33903			
Current N	Nailing Address:	New Mailing Address	3:	
SUITE 12	AMAR PARKWAY 5 R, FL 33023			
El Number	r: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
FAYLOR-	BROWN. JANNETT R RA			
3151 MIRA SUITE 12:	AMAR PÁRKWAY			
S151 MIRA SUITE 129 MIRAMAR The above	AMAR PÁRKWAY 5	e purpose of changing its registered	d office or registered agent, or both,	
S151 MIR/ SUITE 129 MIRAMAR The above n the Stat	AMAR PÁRKWAY 5 R, FL 33023 US e named entity submits this statement for the e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
S151 MIR/ SUITE 129 MIRAMAR The above n the Stat	AMAR PÁRKWAY 5 R, FL 33023 US e named entity submits this statement for the e of Florida.		d office or registered agent, or both, Date	
S151 MIRASUITE 129 MIRAMAR The above n the Stat BIGNATU n accordan	AMAR PÁRKWAY 5 6, FL 33023 US 6 named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered A	gent		
S151 MIRA SUITE 129 MIRAMAR The above In the Stat SIGNATU In accordar Election Ca	AMAR PÁRKWAY 5 R, FL 33023 US e named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered A	gent not receive the prior notice.		
S151 MIRA SUITE 129 MIRAMAR The above In the Stat SIGNATU In accordar Election Ca	AMAR PARKWAY 5 8, FL 33023 US e named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered A nce with s. 607.193(2)(b), F.S., the corporation did mpaign Financing Trust Fund Contribution ().	gent not receive the prior notice. ADDITIONS/CHANGE	Date	

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 05/05/2009