



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90038 004 \*\*\*150.00

DOCUMENT # P06000119370					
1. Entity Name NURSING AND MEDICAL RESEARCH, INC.					
Principal Place of Business 3800 S. OCEAN DR. 217 HOLLYWOOD, FL 33019 US			Mailing Address 3800 S. OCEAN DR. 217 HOLLYWOOD, FL 33019 US		
2. Principal Place of Business - No P.O. Box # <u>3700 GALT OCEAN DR</u> Suite, Apt. #, etc <u># 1515</u> City & State <u>FT LAUDERDALE</u> Zip <u>33308 FL</u> Country <u>BROWARD</u>		3. Mailing Address <u>3700 GALT OCEAN DR</u> Suite, Apt. #, etc <u># 1515</u> City & State <u>FT LAUDERDALE</u> Zip <u>33308</u> Country <u>BROWARD</u>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number <u>32-0181552</u> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  MEIVES, MARY J 3800 S. OCEAN DR. 217 HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3700 GALT OCEAN DR</u> <u># 1515</u> City <u>FT LAUDERDALE, FL</u> Zip Code <u>33308</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Mary J Meives</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/26/2007</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MEIVES, MARY J 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3700 GALT OCEAN DR #1515</u> <u>FT LAUDERDALE FL 33308</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Mary J Meives</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/26/2007</u> Daytime Phone <u>954 465-8007</u>		