

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065978

FILED
Apr 28, 2008
Secretary of State

Entity Name: PROFESSIONAL NURSE PROVIDERS, CORP.

Current Principal Place of Business:

6919 W BROWARD BLVD
137
PLANTATION, FL 333172902

New Principal Place of Business:

Current Mailing Address:

6919 W BROWARD BLVD
137
PLANTATION, FL 333172902

New Mailing Address:

FEI Number: 11-3814480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, VALERIE
6919 W BROWARD BLVD
137
PLANTATION, FL 333172902 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: ROSENBERG, VALERIE
Address: 6919 W BROWARD BLVD STE 137
City-St-Zip: PLANTATION, FL 333172902

Title: SEC () Delete
Name: ROSENBERG, VALERIE
Address: 6919 W BROWARD BLVD STE 137
City-St-Zip: PLANTATION, FL 333172902

Title: VP () Delete
Name: CHAIRIFAUDDIN, ENDANG
Address: 6919 W BROWARD BLVD STE 137
City-St-Zip: PLANTATION, FL 333172902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VALERIE ROSENBERG

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date