

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000074231

**FILED**  
**Sep 13, 2010**  
**Secretary of State**

**Entity Name:** GPL LEGAL NURSE CONSULTANTS & ASSOCIATES, INC.

**Current Principal Place of Business:**

700 N.W. 76TH AVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

700 N.W. 76TH AVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 75-3243862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOUST, BARBARA  
3401 NW 202ND STREET  
MIAMI GARDENS, FL 330561722 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: P  
Name: LOUISSANT, GALDYS  
Address: 700 N.W. 76TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP  
Name: LOUISSANT, KESNER  
Address: 700 N.W. 76TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33024

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: GLADYS LOUISSANT

PRES

09/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date