

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074231

FILED  
Mar 24, 2011  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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:**

FOUST, BARBARA  
3401 NW 202ND STREET  
700 N.W. 76TH AVENUE  
MIAMI GARDENS, FL 330561722 US

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:

03/24/2011

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 IN

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

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

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

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

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

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: BARBARA FOUST

CPA

03/24/2011

Electronic Signature of Signing Officer or Director

Date