

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125472

**FILED**  
**Jan 22, 2009**  
**Secretary of State**

**Entity Name:** AMERICAN NURSING RESOURCES, INC.

**Current Principal Place of Business:**

300 S. PINE ISLAND ROAD  
240  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

16351 CAMMI LANE  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-1447155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, ROBIN  
16351 CAMMI LANE  
WESTON, FL 33326 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:** SMITH, ROBIN  
**Address:** 16351 CAMMI LANE  
**City-St-Zip:** WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** ROBIN SMITH

PRES

01/22/2009

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

\_\_\_\_\_  
Date