

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000059961

FILED
Apr 29, 2003
Secretary of State

Entity Name: 21ST NURSE, INC.

Current Principal Place of Business:

223 JOHN KNOX ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 3637
TALLAHASSEE, FL 323153637 US

New Mailing Address:

FEI Number: 59-3269547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, DAVID
223 JOHN KNOX RD
TALLAHASSEE, FL 32303 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: PD () Delete
Name: CARVER, BOB
Address: 223 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: CFOD () Delete
Name: PERKINS, DAVID
Address: 223 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID PERKINS

CFO

04/29/2003

Electronic Signature of Signing Officer or Director

Date