


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000040119 1. Corporation Name T. L. C. NURSE REGISTRY INC			
Principal Place of Business 6053 MIRAMAR PKWY MIRAMAR FL 33023		Mailing Address 6053 MIRAMAR PKWY MIRAMAR FL 33023	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 5-9-96	3a. Date of Last Report N/A
		4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BEENA BIJOY 6053 MIRAMAR PKWY MIRAMAR FL 33023		10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-STATE-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-STATE-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-STATE-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-STATE-ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-STATE-ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY-STATE-ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY-STATE-ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY-STATE-ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY-STATE-ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY-STATE-ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY-STATE-ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY-STATE-ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY-STATE-ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY-STATE-ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY-STATE-ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY-STATE-ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY-STATE-ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY-STATE-ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY-STATE-ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY-STATE-ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY-STATE-ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY-STATE-ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY-STATE-ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 2.00 CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-STATE-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-STATE-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-STATE-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-STATE-ZIP 2.21 TITLE 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY-STATE-ZIP 2.25 TITLE 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY-STATE-ZIP 2.29 TITLE 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY-STATE-ZIP 2.33 TITLE 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY-STATE-ZIP 2.37 TITLE 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY-STATE-ZIP 2.41 TITLE 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY-STATE-ZIP 2.45 TITLE 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY-STATE-ZIP 2.49 TITLE 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY-STATE-ZIP 2.53 TITLE 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY-STATE-ZIP 2.57 TITLE 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY-STATE-ZIP 2.61 TITLE 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY-STATE-ZIP 2.65 TITLE 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY-STATE-ZIP 2.69 TITLE 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY-STATE-ZIP 2.73 TITLE 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY-STATE-ZIP 2.77 TITLE 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY-STATE-ZIP 2.81 TITLE 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY-STATE-ZIP 2.85 TITLE 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY-STATE-ZIP 2.89 TITLE 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY-STATE-ZIP 2.93 TITLE 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY-STATE-ZIP 2.97 TITLE 2.98 NAME 2.99 STREET ADDRESS 3.00 CITY-STATE-ZIP	
14. I, _____, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Beena Bijo		Date: 4/30/97	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)