02241999-90058-039-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000030454

1. Corporation Name
ORR LEGAL NURSE CONSULTANCY, INC.

[redacted]

Principal Place of Business	Mailing Address
11631 SW 125 COURT MIAMI FL 33186	11631 SW 125 COURT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1998

2. Principal Place of Business	2a. Mailing Address
21 960 Mockingbird Lane	26 960 Mockingbird Lane
Suite, Apt. #, etc. 22 #623	Suite, Apt. #, etc. 27 #623
City & State 23 Plantation, Fl.	City & State 28 Plantation, Fl.
Zip 24 33324 Country 25 Broward	Zip 29 33324 Country 30 Broward

4. FEI Number: 65-0829166 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
ORR, MAUREEN JANE
11631 SW 125 COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Maureen J. Orr	1.2 NAME	None / N/A
STREET ADDRESS	960 Mockingbird Lane #623	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl. 33324	1.4 CITY-ST-ZIP	
TITLE	Vice-President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Steven D. Orr	2.2 NAME	
STREET ADDRESS	960 Mockingbird Lane #623	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl. 33324	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Maureen J. Orr	3.2 NAME	
STREET ADDRESS	960 Mockingbird Lane #623	3.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl. 33324	3.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Steven D. Orr	4.2 NAME	
STREET ADDRESS	960 Mockingbird Lane #623	4.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl. 33324	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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, with all other like empowered.

SIGNATURE: Maureen Jane Orr — 01/11/99 — 954-423-6971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)