

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 033 ***150.00

DOCUMENT #

P98000075117

1. Entity Name

NURSING MATTERS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17076 Boca Club Boulevard

3. Mailing Address

17076 Boca Club Boulevard

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. FEI Number
65-0859018

Applied For

Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Barbell, Cheri L.

Street Address (P.O. Box Number is Not Acceptable)

17076 Boca Club Boulevard, #6

City
Boca Raton

FL

Zip Code

33487

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
Cheri L. Barbell
17076 Boca Club Boulevard, #6
Boca Raton, Florida 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCS
Moshe M. Levene
3017 Alhambra Street, #3
Fort Lauderdale, Florida 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)