

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000087748

**Entity Name:** ANGELIC NURSE REGISTRY INC.

**Current Principal Place of Business:**

1824 N UNIVERSITY AVE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1824 N UNIVERSITY AVE  
PEMBROKE PINES, FL 33024 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ADIBOSHI, JOY A  
1824 N UNIVERSITY AVE  
PEMBROKE PINES, FL 33024 US

*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

**Officer/Director Detail :**

Title P  
Name ADIBOSHI, JOY A.  
Address 1824 N UNIVERSITY AVE  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOY A ADIBOSHI

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date