


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90424 028 ***150.00

DOCUMENT # P03000125514			
1. Entity Name KAARE MEDICAL LEGAL NURSE CONSULTING, INC.			
Principal Place of Business 3288 MASONVILLE LOOP HOLIDAY, FL 34691 US		Mailing Address 3288 MASONVILLE LOOP HOLIDAY, FL 34691 US	
2. Principal Place of Business 3288 Masonville loop Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State Holiday FL		City & State	
Zip 34691	Country USA	Zip	Country
6. Name and Address of Current Registered Agent RUBNER, ANNE 3288 MASONVILLE LOOP HOLIDAY, FL 34691		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RUBNER, ANNE 3288 MASONVILLE LOOP HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Anne Rubner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ANNE RUBNER Date <i>May 1/04</i> (227) 842-3673 Daytime Phone #	



04302004 Chg-P CR2E034 (10/03)

4. FEI Number *75-3136609* Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**