

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L42703** (3)

1. Corporation Name
NURSE-ON-CALL OF SOUTH FLORIDA, INC.



Principal Place of Business: **2400 SOUTH FEDERAL HWY. SUITE 400 STUART FL 34994 US**
Mailing Address: **2400 SOUTH FEDERAL HWY. SUITE 400 STUART FL 34994 US**

3. Date Incorporated or Qualified: **01/10/1990**
3a. Date of Last Report: **09/29/1995**
4. FEI Number: **65-0174227**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **MOORE & MENKAUS, P.A. 4800 N. FEDERAL HIGHWAY SUITE 210-A BOCA RATON FL 33431-5178**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: TAFT, PHYLLIS	1. TITLE: TREASURER	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: 834 LANTANA ROAD	CITY-STATE-ZIP: LANTANA FL	12. NAME: ARTHUR J BUTERA	
TITLE: VP	NAME: RAYMON, TAFT	13. STREET ADDRESS: 3858 WOODS WALK BLVD	
STREET ADDRESS: 377 SE SOUTHWOOD TR	CITY-STATE-ZIP: STUART FL	14. CITY-STATE-ZIP: LAKE WORTH, FL 33467	
TITLE: ST	NAME: CHIPMAN, CINDY	2. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 240 SE TRESSLER DR.	CITY-STATE-ZIP: STUART FL	22. NAME: _____	
TITLE: _____	NAME: _____	23. STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	24. CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	3. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	32. NAME: _____	
TITLE: _____	NAME: _____	33. STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	34. CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	4. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	42. NAME: _____	
TITLE: _____	NAME: _____	43. STREET ADDRESS: 800001829158	
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	44. CITY-STATE-ZIP: -05/20/96--01042--019	
TITLE: _____	NAME: _____	5. TITLE: ***225.00	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	52. NAME: _____	
TITLE: _____	NAME: _____	53. STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	54. CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	6. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	62. NAME: _____	
TITLE: _____	NAME: _____	63. STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	64. CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(k), 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: Arthur J Butera - ARTHUR J BUTERA 5/1/96 407-223-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

CR2E034 (12/95)