

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90006 031 \*\*\*550.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

DOCUMENT # **L42703** ✓  
 Corporation Name  
**NURSE-ON-CALL OF SOUTH FLORIDA, INC.**



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

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>John F. Kennedy Dr</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0174227</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>JTE-203</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>ATLANTIS, FLORIDA</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>33462</b>	Country <b>USA</b>	29	Country <b>30</b>
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MENKHAUS, DAVID J ESQ.</b> <b>4800 N. FEDERAL HIGHWAY</b> <b>SUITE 210-A</b> <b>BOCA RATON FL 33431</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

1. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, MICHAEL</b>	1.2 NAME	<b>JAWET DYE-MAGEE V.P.</b>
REET ADDRESS	<b>1030 SERENADE CIRCLE</b>	1.3 STREET ADDRESS	<b>1022 SW 37TH TERRACE</b>
TY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	1.4 CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
FILE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TREASURER/SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESPOSITO, LINDA</b>	2.2 NAME	<b>ARTHUR BUTERA T., S.</b>
REET ADDRESS	<b>5112 POINTE EMERALD LANE</b>	2.3 STREET ADDRESS	<b>3858 WOODWALK BLVD</b>
TY-ST-ZIP	<b>BOCA RATON FL 33486</b>	2.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
FILE	<del>VP</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>JAWET DYE-MAGEE</del>	3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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.

SIGNATURE: Arthur Butera **ARTHUR BUTERA** 1.561.533.0812

CR2E034 (5/99)