

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90524 001 ***450.00

DOCUMENT # **L 42703**

1. Entity Name:
"NURSE" ON CALLTM OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business **130 JFK DRIVE** 3. Mailing Address **130 JFK DRIVE**

Suite, Apt. #, etc. **SUITE 203** Suite, Apt. #, etc. **SUITE 203**

City & State **ATLANTIS, FL** City & State **ATLANTIS, FL**

Zip **33462** Country **US** Zip **33462** Country **US**

4. FEI Number **65-0174227** Applied For Not Applicable

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

73634

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **PHYLLIS TAFT**
 Street Address (P.O. Box Number is Not Acceptable)
377 SE SOUTHWOOD TR.
 City **STUART** FL Zip Code **34997**

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.

SIGNATURE **Phyllis Taft** DATE **APRIL 30, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning).

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	P PHYLLIS TAFT 377 SE SOUTHWOOD TR. STUART, FL 34997
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	S BERYL DOUGHERTY 6504 BROOKHURST CIRCLE LAKE WORTH, FL 33463
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	T PETER AZZOLE 715 NW 3RD AVENUE BOCA RATON, FL 33487
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Phyllis Taft** DIRECTOR DATE **APRIL 30, 2001** (502) 649-0830

CR2E034 (11/00)