


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91835 025 ***150.00

DOCUMENT # **L 42703**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
130 JFK DRIVE

3. Mailing Address
SOME

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.
SOME

City & State
ATLANTIS, FL

City & State
SOME

Zip
33462

Country
AACM BEACH

Zip
SOME

Country
SOME

DO NOT WRITE IN THIS SPACE

4. FEI Number **65 014227**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **TAFT, PHYLLIS**

Street Address (P.O. Box Number is Not Acceptable)
377 SE SOUTHWOOD TR

City **STUART** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P**

NAME **TAFT, PHYLLIS**

STREET ADDRESS **377 SE SOUTHWOOD TRAIL TERRACE**

CITY-ST-ZIP **STUART, FL 34997**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **T S**

NAME **AZZOLE, PETER**

STREET ADDRESS **7115 NW 3RD AVE**

CITY-ST-ZIP **2004 RAYON, FL 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP**

NAME **CLIFTON, KATHLEEN**

STREET ADDRESS **377 SE SOUTHWOOD TRAIL TERRACE**

CITY-ST-ZIP **STUART, FL 34997**

DO NOT WRITE IN THIS SPACE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **P. J. AZZOLE** **4/29/03** **561 649 0830**

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034B (12/02)