


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000084114**

1. Entity Name  
**ADVANCED NURSING CARE INC.**



Principal Place of Business      Mailing Address

2061 N.W. BOCA RATON BLVD.      2061 N.W. BOCA RATON BLVD.  
 SUITE 103      SUITE 103  
 BOCA RATON FL 33431-7418      BOCA RATON FL 33431-7418

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**SCHANNAULT, HERMAN J**  
**1400 S.W. FIRST STREET**  
**BOCA RATON FL 33486**

4. FEI Number      Applied For

**65-0700229**      Not Applicable

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

     \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | P <input type="checkbox"/> Delete |
| NAME           | SHANNAULT, HERMAN J               |
| STREET ADDRESS | 1400 S.W. FIRST STREET            |
| CITY-ST-ZIP    | BOCA RATON FL 33486               |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | 1100000284420   |
| CITY-ST-ZIP    | 04/02/05-80005-004 150.00   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(f), 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: Herman J Schannault      Herman J, Schannault      Date: 04/03/05      Daytime Phone #: 861-393-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR