

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 30 PM 9:47

DOCUMENT # V45229

(4)

1. Corporation Name

J.D.S. NURSING SERVICES, INC.

Principal Place of Business

**1149 SW 27 AVE.
SUITE 304
MIAMI FL 33135**

Mailing Address

**1149 SW 27 AVE.
SUITE 304
MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified **06/22/1992** 3a Date of Last Report **04/05/1994**

4 FCI Number **65-0341163** Applied For ☐ Not Applicable ☐

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

6 ☐ **\$5.00 May Be Added to Fees**

7 This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1149 S.W. 27 AVE

State, Apt. # etc

22 303-A

City & State

23 MIAMI FL

Zip

24 33135

2a. Mailing Address

26 1149 S.W. 27 AVE

State, Apt. # etc

27 303-A

City & State

28 MIAMI FL

Zip

29 33135

Country

30 DADE

9. Name and Address of Current Registered Agent

**GONZALEZ, JANET
1149 SW 27 AVE.
SUITE 304
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name TERESA D. AVELLANEDA
82 Street Address (P.O. Box Number is Not Acceptable) 1149 S.W. 27 AVE
83 SUITE 303-A
84 City MIAMI FL 85 Zip Code 33135

11. Pursuant to the provisions of Sections 607.0501 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to 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 607.0501 Florida Statutes.

SIGNATURE: *Teresa D. Avellana*

12. OFFICERS AND DIRECTORS

12.1 NAME	PD GONZALEZ, JANET
12.2 STREET ADDRESS	1149 SW 27 AVE., STE. 304
12.3 CITY & STATE	MIAMI FL
12.4 ZIP	33135
12.5 TITLE	VP
12.6 NAME	AVELLANEDA, TERESA D
12.7 STREET ADDRESS	1149 S.W. 27 AVE., SUITE 304
12.8 CITY & STATE	MIAMI FL 33135
12.9 TITLE	PEREZ SYLVIA
12.10 NAME	1149 S.W. 27 AVE., SUITE 304
12.11 STREET ADDRESS	MIAMI FL 33135
12.12 CITY & STATE	
12.13 ZIP	
12.14 TITLE	
12.15 NAME	
12.16 STREET ADDRESS	
12.17 CITY & STATE	
12.18 ZIP	
12.19 TITLE	
12.20 NAME	
12.21 STREET ADDRESS	
12.22 CITY & STATE	
12.23 ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1 TITLE	P.V.P.T.D
13.2 NAME	TERESA D. AVELLANEDA
13.3 STREET ADDRESS	1149 S.W. 27 AVE SUITE 303-A
13.4 CITY & STATE	MIAMI FL 33135
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information is true and correct 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 as designated, or as an officer, agent or director.

SIGNATURE: *Teresa D. Avellana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)