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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **316967** **(9)**

1. Corporation Name
CATALANO'S NURSES REGISTRY, INC.

Principal Place of Business	Mailing Address
% MARTIN STARR 9703 SOUTH DIXIE HIGHWAY MIAMI FL 33156	% MARTIN STARR 9703 SOUTH DIXIE HIGHWAY MIAMI FL 33156-8114

3. Date Incorporated or Qualified: 05/23/1967
3a. Date of Last Report: 02/27/1996
4. FEI Number: 59-1303456 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CATALANO,ARLENE
630 W 50 PLACE
HIALEAH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 (Type and print name of person signing. Attach additional sheet if necessary) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	CATALANO,ARLENE		1.2 NAME
STREET ADDRESS	630 W. 50 PLACE		1.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP
TITLE	P	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	CATALANO, MARC		2.2 NAME
STREET ADDRESS	11935 SW 15TH CT		2.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP
TITLE	VP	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	CATALANO, CARL		3.2 NAME
STREET ADDRESS	7305 W 3RD AVE		3.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. 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: Arlene M Catalano 3-12-97 305-8214329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0214432