

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Aug 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000084114

1. Corporation Name

ADVANCED NURSING CARE INC.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

October 9, 1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0700229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD S. SCHANNAULT
1400 S.W. FIRST STREET
BOCA RATON, FLORIDA 33486

81 Name

HERMAN J. SCHANNAULT

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

1400 S.W. FIRST STREET

84 City

BOCA RATON

FL

85 Zip Code

33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Herman J. Schannault

HERMAN J. SCHANNAULT (vice President) 8/4/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

President

☒ Change

☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

1.2 NAME

Michael J. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

TITLE ☐ DELETE

2.1 TITLE

Vice President

☐ Change

☒ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

2.2 NAME

Herman J. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

3.2 NAME

☐ Change

☐ Addition

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

4.2 NAME

☐ Change

☐ Addition

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

5.2 NAME

☐ Change

☐ Addition

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

6.2 NAME

☐ Change

☐ Addition

TITLE ☐ DELETE

6.3 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ronald S. Schannault
1400 S.W. FIRST STREET
BOCA RATON, FL 33486

6.4 TITLE

☐ Change

☐ Addition

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:

Michael J. Schannault

Michael J. Schannault 8-4-98 393-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Electronic

CR2E034 (10/97)