CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 21 PM 2:39

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 270016 (9)

1 Corporation Name
~~MEDICAL SCIENCES, INC.~~ n/k/a NURSING NETWORK, INC.

Principal Place of Business	Mailing Address
c/o Holy Cross Foundation 4725 North Federal Highway Fort Lauderdale, FL 33308	c/o Holy Cross Foundation 4725 North Federal Highway Fort Lauderdale, FL 33308

3. Date Incorporated or Qualified: 05/16/63
3a. Date of Last Report: 05/01/94

2. Principal Place of Business
21 c/o Ray Budrys
Suite, Apt. #, etc.
22 4725 North Federal Hwy.
City & State
23 Fort Lauderdale, FL
Zip 24: 33308 Country 25: USA

2a. Mailing Address
26 c/o Ray Budrys
Suite, Apt. #, etc.
27 4725 North Federal Hwy.
City & State
28 Fort Lauderdale, FL
Zip 29: 33308 Country 30: USA

4. FEI Number: 59-1145192 ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARNEY, SISTER CARNEY RSM
4725 North Federal Highway
Fort Lauderdale, FL 33308

10. Name and Address of New Registered Agent

81 Name: Holy Cross Hospital, Inc.
82 Street Address: (P.O. Box Number is Not Acceptable) 4725 North Federal Highway
83 Attention: President
84 City: Fort Lauderdale FL 85 Zip Code: 33308

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: By: HOLY CROSS HOSPITAL, INC. Ray Budrys, President 6/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	P	11 TITLE	D, P	☒ Change ☒ Addition
NAME	Carney, Sister Carney RSM	12 NAME	Ray Budrys	
STREET ADDRESS	4725 North Federal Highway	13 STREET ADDRESS	4725 North Federal Highway	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	14 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE		21 TITLE	D, V, T	☐ Change ☒ Addition
NAME		22 NAME	Robert Granger	
STREET ADDRESS		23 STREET ADDRESS	4725 North Federal Highway	
CITY-ST-ZIP		24 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE		31 TITLE	D, S	☐ Change ☒ Addition
NAME		32 NAME	Dan Comrie	
STREET ADDRESS		33 STREET ADDRESS	4725 North Federal Highway	
CITY-ST-ZIP		34 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: Ray Budrys, Director 6/9/95 305-492-5796
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone)

270876

LAW OFFICES
HONIGMAN MILLER SCHWARTZ AND COHN
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS
222 LAKEVIEW AVENUE - SUITE 800
WEST PALM BEACH, FLORIDA 33401-6112
TELEPHONE (407) 838-4500
TELECOPIER (407) 832-3036

TAMPA, FLORIDA
ORLANDO, FLORIDA
LOS ANGELES, CALIFORNIA

DETROIT, MICHIGAN
LANSING, MICHIGAN
HOUSTON, TEXAS

June 13, 1995

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Nursing Network, Inc.

Dear Sir or Madam:

Enclosed please find the 1995 Annual Report for the above-referenced corporation together with a check in the amount of $225.00 to cover the filing fee.

Please let me know if there is any further information you require.

Very truly yours,

Andrew F. Dunstan

Andrew F. Dunstan
Legal Assistant Clerk
to Gina Greeson Hyland

AFD/tim
Enclosures: As stated

cc: Gerald M. Morris, Esq
Gina Greeson Hyland, Esq.

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