2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 335366

1. Entity Name
INTERNATIONAL NURSING CENTERS, INC.

Principal Place of Business	Mailing Address
3850 HOLLYWOOD BLVD., STE. 400 HOLLYWOOD, FL 33021	3850 HOLLYWOOD BLVD., STE. 400 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1270801
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT
3850 HOLLYWOOD BLVD., STE. 400
HOLLYWOOD, FL 33021

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000099309
03/30/04-80009-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORNFELD, ROBERT
STREET ADDRESS	3850 HOLLYWOOD BLVD #400
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	CORNFELD, JEFFREY D
STREET ADDRESS	3850 HOLLYWOOD BLVD, STE 400
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: _____ 3/15/04 (954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert M. Cornfeld