

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 17 AM 8:43

DOCUMENT # 589860 (6)

1. Corporation Name
NURSES PRN OF DENVER, INC.

Principal Place of Business Mailing Address
9000 S.W. 87 AVE SUITE #3 MIAMI FL 33176-2413 US **P.O. BOX 561780 MIAMI FL 33156-1780 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/24/1978** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 **PO BOX 561776**
23 Zip Country 29 **MIAMI FL**
24 Zip Country 29 **33256-1776** 30

4. FEI Number **59-1864546** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.012 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of Now 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 _____ DATE _____
Signature typed to protect name of registered agent and filed application. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDT, WILLARD L.	1.2 NAME	
STREET ADDRESS	9300 S.W. 87TH AVE., #3	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPMAN, ALLISON P HYNDS	2.2 NAME	
STREET ADDRESS	1325 S COLORADO BLVD #16	2.3 STREET ADDRESS	
CITY ST ZIP	DENVER CO	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDT, JESSIE R.	3.2 NAME	
STREET ADDRESS	9300 S.W. 87TH AVE., #3	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, DWIGHT R.	4.2 NAME	
STREET ADDRESS	9300 SW 87 AVE S3	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(a), 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: *Dwight R. Brewer* **DWIGHT R. BREWER** 6/29/95 305-596-2121
RIGHT OF USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)