

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **589860** (6)
1. Corporation Name
NURSES PRN OF DENVER, INC.



Principal Place of Business
**9300 S.W. 87 AVE
SUITE #3
MIAMI FL 33176-2413
US**

Mailing Address
**P.O. BOX 561776
MIAMI FL 33256-1776
US**

3. Date Incorporated or Qualified: **10/24/1978**
3a. Date of Last Report: **07/17/1995**

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 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. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81. Name

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

83.

84. City

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date (Typed or printed Agent signature required when re-registering)

(Typed or printed Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	WENDT, WILLARD L.	9300 S.W. 87TH AVE., #3	MIAMI FL	<input type="checkbox"/>
D	CHIPMAN, ALLISON P HYNDS	1325 S COLORADO BLVD #16	DENVER CO	<input checked="" type="checkbox"/>
S	WENDT, JESSIE R.	9300 S.W. 87TH AVE., #3	MIAMI FL	<input type="checkbox"/>
VP	BREWER, DWIGHT R.	9300 SW 87 AVE S3	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	4. CITY - ST - ZIP	1. TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY - ST - ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	4. CITY - ST - ZIP	1. TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY - ST - ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

Daytime Phone #

CR2E034 (12/95)