

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/24/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1864546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12942 SW 133 Court Suite, Apt. #, etc.	2a. Mailing Address 26
22 City & State 23 MIAMI FL	27 City & State 28
24 Zip 33186-5806	25 Country 29 US

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 New Registered Agent

81 Name DWIGHT R BREWER
82 Street Address (P.O. Box Number is Not Acceptable) 12942 SW 133 Court
83
84 City MIAMI FL 85 Zip Code 33186

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 *Dwight R Brewer* **DWIGHT R BREWER** **4/28/97**
Sign Above, Typed or Printed Name of Registered Agent and Title if Applicable. (NOTE: Registered Agent Signature Required when Reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME WENDT, WILLARD L.	
STREET ADDRESS 9300 S.W. 87TH AVE., #3	
CITY-ST-ZIP MIAMI FL	
TITLE S	<input type="checkbox"/> DELETE
NAME WENDT, JESSIE R.	
STREET ADDRESS 9300 S.W. 87TH AVE., #3	
CITY-ST-ZIP MIAMI FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME BREWER, DWIGHT R.	
STREET ADDRESS 9300 SW 87 AVE S3	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 12942 SW 133 Court	
1.4 CITY-ST-ZIP MIAMI FL 33186-5806	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS SAME AS ABOVE	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS SAME AS ABOVE	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Willard L. Wendt* **WILLARD L. WENDT** **4/28/97** **905-259-8860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)