

ANNUAL REPORT

1995

Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 8:13

DOCUMENT # F36940 (7)

1. Corporation Name

ATLANTIC NURSING SERVICES, INC.

Principal Place of Business

7360 W. ATLANTIC BLVD.
MARGATE FL 33063

Mailing Address

7360 W. ATLANTIC BLVD.
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1981

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2114961

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHAMBERLAIN, FRED W.
7360 W. ATLANTIC BLVD.
MARGATE FL 33063

10. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DVI	FLEMING, BARBARA D.	2542 N FED HWY	FT. LAUDERDALE FL
PS	CHAMBERLAIN, FRED W.	2542 N FED HWY	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
☒ Change ☐ Addition		7360 W. Atlantic Blvd.	Margate, FL. 33063
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☒ Change ☐ Addition		7360 W. Atlantic Blvd.	Margate, FL. 33063
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☐ Change ☐ Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☐ Change ☐ Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☐ Change ☐ Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ 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 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred W. Chamberlain 4/5/95

Title

(Type or Print Name)

205-978-4357

010300

CP