

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002101 (4)

1. Corporation Name

UNIVERSAL NURSING SERVICES, LTD., INC.

Principal Place of Business

2894 106TH STREET, SUITE 204  
DES MOINES IA 50322

Mailing Address

2894 106TH STREET, SUITE 204  
DES MOINES IA 50322-3734

FILED  
May 01 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 5000 HAWTHORNE DRIVE  
Suite, Apt. #, etc.

22 SUITE # 700

23 WEST DES MOINES, IA

24 50265

2a. Mailing Address

26 5000 HAWTHORNE DRIVE  
Suite, Apt. #, etc.

27 SUITE # 700

28 WEST DES MOINES, IA

29 50265

3. Date Incorporated or Qualified

05/05/1993

3a. Date of Last Report

02/23/1996

4. FEI Number

42-1280284

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 ☒

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME ANDERSON, CONNIE J  
STREET ADDRESS 2894 106TH STREET, SUITE 204  
CITY-ST-ZIP DES MOINES IA 50322

TITLE NAME ☐ DELETE

NAME ANDERSON, CONNIE J  
STREET ADDRESS 2894 106TH STREET, SUITE 204  
CITY-ST-ZIP DES MOINES IA 50322

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 5000 HAWTHORNE DRIVE, SUITE 700  
1.4 CITY-ST-ZIP WEST DES MOINES, IA 50265

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 5000 HAWTHORNE DRIVE, SUITE 700  
2.4 CITY-ST-ZIP WEST DES MOINES, IA 50265

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

4-23-97 150224-117

CR2E034 (9/96)