

F96000001061

**American
Nursing
Services**

PROFESSIONAL NURSING CARE

PO BOX 1458 MAY 1981

MOBILE, AL

MOBILE, ALABAMA 36688

Owner's Name

Address

Phone #

0000001730110
-02/04/95--01012--021
Office 904/677-0000 ***4300.00

NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merge

4000001707174
-02/06/95--01030--001
*****70.00 *****70.00

446-2743

2367

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

HC 3/1

FILED
STATE
DIVISION OF CORPORATIONS
95 MAR -1 PM 1:50



FLORIDA DEPARTMENT OF STATE
Randall B. Mortham
Secretary of State

February 6, 1996

AMERICAN NURSING SERVICES, INC.
3900 N. CAUSEWAY BLVD
SUITE 650
METairie, LA 70002

SUBJECT: AMERICAN NURSING SERVICES, INC.
Ref. Number: W96000002743

We have received your document for AMERICAN NURSING SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$4800.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 996A00005123

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

- SECRET
REF ID: A66555

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(REGISTERED TRADE NAME)

- 11 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: P.K. Scheerle, RN

Address: 3900 N. Causeway Blvd., Suite 650

Metairie, LA 70002

Vice President: _____

Address: _____

Secretary: William Von Hoene

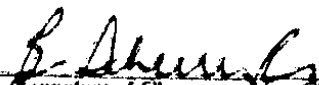
Address: 42 Canal Street, Suite 1216

New Orleans, LA 70130

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. P.K. Scheerle, R.N., President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana

Joy McKeithen

SECRETARY OF STATE

In testimony whereof, I do hereby certify that
the Articles of Incorporation of

AMERICAN NURSING SERVICES, INC.

Domiciled at Metairie, Louisiana,

were filed in this Office and a Certificate of Incorporation
was issued on February 5, 1982,

I further certify that no Certificate of Dissolution has
been issued.

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
95 MAR -1 PM 1:50

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

January 23, 1996

Joy McKeithen

CEU

Secretary of State

