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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F96000001061 (8)**

1. Corporation Name
AMERICAN NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
3900 N. CAUSEWAY BLVD SUITE 650 METAIRIE LA 70002	3900 N. CAUSEWAY BLVD SUITE 650 METAIRIE LA 70002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1996

2. Principal Place of Business	2a. Mailing Address
21 3012 26th St.	26 3012 26th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Metairie, La	City & State 28 Metairie, La
Zip 24 70002 Country 25	Zip 29 70002 Country 30

4. FEI Number: 72-0932147 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIFFIN, TAMMY 4180 BARCLAY DR PACE FL 32571	81 Name: KIM MYRICK, ACCREDITED, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1701 W. HILLSBORO BLVD. 83 SUITE 401 84 City: DEERFIELD BEACH, FL 85 Zip Code: 33442

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: Kim M. Myrick
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHEERLE, P.K. RN 3900 N. CAUSEWAY BLVD, SUITE 650 METAIRIE LA 70002 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Scheerle, P.K., RN 3012 26th St. Metairie, La. 70002 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VON HOENE, WILLIAM 3900 N. CAUSEWAY BLVD, SUITE 650 METAIRIE LA 70002 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Von Hoene, William 3012 26th St. Metairie, La. 70002 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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.