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

FILED
Jun 01 1998 8:00am
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
3900 N. CAUSEWAY BLVD
SUITE 650
METAIRIE LA 70002

Mailing Address
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
21 3012 26th St.
Suite, Apt. #, etc.
22
City & State
23 Metairie, La
Zip 24 70002 Country 25

2a. Mailing Address
26 3012 26th St.
Suite, Apt. #, etc.
27
City & State
28 Metairie, La
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
GRIFFIN, TAMMY
4160 BARCLAY DR
PACE FL 32571

10. Name and Address of New Registered Agent
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

TITLE	P	☐ DELETE
NAME	SCHEERLE, P.K. RN	
STREET ADDRESS	3900 N. CAUSEWAY BLVD, SUITE 650	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	S	☐ DELETE
NAME	VON HOENE, WILLIAM	
STREET ADDRESS	3900 N. CAUSEWAY BLVD, SUITE 650	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Scheerle, P.K., RN	
1.3 STREET ADDRESS	3012 26th St.	
1.4 CITY-ST-ZIP	Metairie, La. 70002	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	Von Hoene, William	
2.3 STREET ADDRESS	3012 26th St.	
2.4 CITY-ST-ZIP	Metairie, La. 70002	
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 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

CR2E034 (10/97)