

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001061

FILED
Jul 14, 2004
Secretary of State

Entity Name: AMERICAN NURSING SERVICES, INC.

Current Principal Place of Business:

3012 26TH STREET
METAIRIE, LA 70002 US

New Principal Place of Business:

Current Mailing Address:

3012 26TH STREET
METAIRIE, LA 70002 US

New Mailing Address:

FEI Number: 72-0932147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRICK, KIM
1701 W. HILLSBORO BLVD
SUITE 401
DEERFIELD, FL 33442 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHEERLE, P.K. RN
Address: 3012 26TH STREET
City-St-Zip: METAIRIE, LA 70002

Title: S () Delete
Name: CANDON, MARGARET RN
Address: 3012 26TH STREET
City-St-Zip: METAIRIE, LA 70002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P.K. SCHEERLE

P

07/14/2004

Electronic Signature of Signing Officer or Director

Date