2007 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Jan 23, 2007 8:00 am Secretary of State			
DOCUMENT # F96000001061 1. Entity Name AMERICAN NURSING SERVICES, INC.							90016 035 ***15	
Principal Plac 3012 26TH METAIRIE, LA	STREET	Mailing Address 3012 26TH STREET METAIRIE, LA 70002 US						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162007	Chg-P	CR2E034 (12/06)	
City & Stale		City & State			4. FEI Number Applied For 72-0932147 Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired Status Desired Status Desired Status Desired			
6. Name and Address of Current Registered Agent MYRICK, KIM 1701 W. HILLSBORO BLVD SUITE 401 DEERFIELD, FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				
the obligat	named entity submits this statement fo ions of registered agent.	· · · • •	E Registered Agent signa	ture required		, in the State of Flo		, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	00 Trust Fund Cont	~ ~ ~		ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P KAMMER, MARY LEE 3012 26TH STREET METAIRIE, LA 70002		11. TITLE NAME STREET ADDRESS CITY - ST-ZIP		ADDITIONS/C	CHANGES TO OFF	CERS AND DIRECTOF	RS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EPTDelete TITL GAUTHIER, ANDREA NAM 3012 26TH STREET STR METAIRIE, LA 70002 CITA			SPEL	RETARY Change BAddition LLHAN, JENNETTE 12 26TH STREET TAIRIE, LA 70002			
TITLE NAME STREET ADDRESS CITY - ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				🗋 Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				🗌 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
12. I hereby of indicated of the cord changed,	sertify that the information supplied will on this report or supplemental repor- poration or the receiver or moves emp or on an attachment with an address	this filing does not qualify for s true and accurate and that overed to execute this report with all other like empowered	or the exemptions of my signature shall I t as required by Ch I.	contained have the s apter 607	1	Florida Statutes. I as if made under ; and that my nam	I lurther certify that the oath; that I am an office appears in Block 10 (504) 833 - 31	
SIGNAL	SINE SGMALURAND TY ED FR	PRINTER NAME OF SIGNING OFFICER	OR DIRECTOR		<u>, 17</u>	Date	Daytime Phone #	