

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:30

DOCUMENT # **F96000001061**

1. Corporation Name

**AMERICAN NURSING SERVICES, INC.**

Principal Place of Business

3012 26TH STREET  
METAIRIE LA 70002  
US

Mailing Address

3012 26TH STREET  
METAIRIE LA 70002  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1996

5. FEI Number

72-0932147

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SCHEERLE, P.K. RN	3012 26TH STREET	METAIRIE LA 70002
S	VON HOENE, WILLIAM <i>Candon Margaret RN</i>	3012 26TH STREET	METAIRIE LA 70002

REINSTATEMENT

03

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Kim Myrick*

Date

10-16-03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03 504-833-3100

Date

Daytime Phone #

CR2E040 (7/03)

2/2

# American Nursing Services

PROFESSIONALS WHO CARE

PATRICIA K. SCHEERLE, R.N.

PRESIDENT

October 16, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement

To Whom It May Concern,

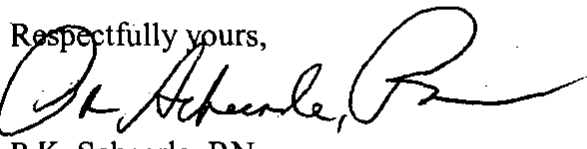
Enclosed is American Nursing Services' Application For Reinstatement. Please note, American Nursing Services did not receive any prior Uniform Business Report (UBR) notice of renewal and request a waiver for fees involved in reinstating our corporation to conduct business in the State of Florida.

Unfortunately, I am unclear how this could occur as we have filed our previous year's UBR forms in a timely fashion.

Again, I apologize for the delay and will make every effort to ensure this does not occur again. Please mail all correspondence to our Corporate Address listed in the mailing address section of the Application for Reinstatement.

Should you have any questions or concerns, please do not hesitate to contact me toll-free at (800)-444-6877.

Respectfully yours,



P.K. Scheerle, RN  
President/CEO

Enclosures (2) Application For Reinstatement  
\$150.00 Check

PKS:lzc

Corporate Office: 3012 26th Street • Metairie, LA 70002 • (504) 833-3100 • Fax (504) 837-7487  
1-800-444-6877 • [www.american-nurse.com](http://www.american-nurse.com)

Baton Rouge, LA (225) 761-6996 • Lafayette, LA (337) 593-8600 • Mandeville, LA (985) 951-8283 • Monroe, LA (318) 325-5100 • Shreveport, LA (318) 425-2641  
Beaumont, TX (409) 833-6877 • Dallas, TX (214) 987-3366 • Ft. Worth, TX (817) 921-1718 • Houston, TX (713) 952-4028 • San Antonio, TX (210) 614-9009 • Tyler, TX (903) 526-6877  
Newport Beach, CA (949) 756-0305 • Riverside, CA (909) 786-9292 • San Diego, CA (858) 292-2630 • Santa Rosa, CA (707) 527-0700  
Tulsa, OK (918) 712-0267 • Gulfport, MS (228) 896-7001 • Jackson, MS (601) 321-0599 • Anchorage, AK (907) 345-5919 • Las Vegas, NV (702) 638-1200  
Augusta, GA (706) 364-8394 • Atlanta, GA (404) 329-0353 • Tampa, FL (813) 288-1977 • Philadelphia, PA (610) 771-0300 • Rochester, NY (585) 244-0010 • Little Rock, AR (501) 312-1177