

DOCUMENT # F96000004298

1. Entity Name
Nurses Management Corporation

Principal Place of Business
**1301 S. Bowen Rd
Suite 335
Arlington, TX 76013**

Mailing Address
**P.O. Box 13767
Arlington, TX 76094**

2. Principal Place of Business
**1301 S. Bowen Rd.
Suite, Apt. #, etc.
335**

3. Mailing Address
**P.O. Box 13767
Suite, Apt. #, etc.**

City & State
Arlington, TX

City & State
Arlington, TX

Zip
76013

Country
TARRANT

Zip
76094

Country
TARRANT

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90013 044 ***150.00

00068723

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2231367

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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 _____ DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 11 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE Director, CEO | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LARRY CARP | | NAME STREET ADDRESS | |
| STREET ADDRESS 1301 S. Bowen Rd. #335 | | STREET ADDRESS CITY-ST-ZIP | |
| CITY-ST-ZIP ARLINGTON, TX 76013 | | | |
| TITLE Director | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME THEODORE RAINS | | NAME STREET ADDRESS | |
| STREET ADDRESS 1301 S. Bowen Rd #335 | | STREET ADDRESS CITY-ST-ZIP | |
| CITY-ST-ZIP ARLINGTON, TX 76013 | | | |
| TITLE President | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHRISTINA SANDERS | | NAME STREET ADDRESS | |
| STREET ADDRESS 1301 S. Bowen Rd. #335 | | STREET ADDRESS CITY-ST-ZIP | |
| CITY-ST-ZIP ARLINGTON, TX 76013 | | | |
| TITLE Director | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LARRY CARP | | NAME STREET ADDRESS | |
| STREET ADDRESS 1301 S. Bowen Rd. #335 | | STREET ADDRESS CITY-ST-ZIP | |
| CITY-ST-ZIP ARLINGTON, TX 76013 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)