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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006099 (2)

FILED Apr 13 1998 8:00am Secretary of State

NURSE WORKS, INC.				
Principal Place of Business	Mailing Address		I	881 8811 9814 9141 8818 1818 1814 1814
160 ROCK HILL ROAD	160 ROCK HILL ROAL	D		
BALA CYNWYD PA 19004	BALA CYNWYD PA 19		DO NOT HIDIT	E INLEANING COMOC
			3. Date Incorporated or Qualified	E IN THIS SPACE
			11/18/1997	
2. Principal Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For
n	26		23-2413005	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	······································	5. Certificate of Status Desired	\$8.75 Additional
2	27		6. Certificate of Status Desired	Fee Required
City & State	Gity & State		6. Election Campaign Financing	\$5.00 May Be
23	28		1rust Fund Contribution	Added to Fees
Zip Country 4 25	7(p)	Country 30	8. This corporation owes or has pa Personal Property Tax due Juno	30. Yes No
9. Name and Address of Curr	ent Registered Agent	94) No	10. Name and Address of New Re	egistered Agent
C T CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD)	82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)
PLANTATION FL 33324		83		
		84 City		85 Zip Code
	502 and 607 1508 Florida Sta	atules the above-named cor	rooration submits this statement for the	
 Pursuant to the provisions of Sections 607 09 		and the distriction of	ution's board of dispotors. I have be once	of the appointment as registered
 Pursuant to the provisions of Sections 607 05 office or registered agent, or both, in the Str 	ite of Florida, Such change wa	as authorized by the corpora	alion's board of directors, I hereby acce	hi me abbananan ac ingi-i-ia
	ite of Florida. Such change wa igations of: Section 607:0505,	as authorized by the corpora , Florida Statutes.	anon's board of directors. Thereby acce	F. (1) app. (1) (1) (2)
 Pursuant to the provisions of Sections 607 05 office or registered agent, or both, in the Stategent. Lam familiar with, and accept the oblining SIGNATURE Signature type the period name of reporters as		as authorized by the corpora Florida Statutes. NOT: Registrad Agent signature req.		DATE
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officer or director of the corporation Block 12 or Block 13 if changed, or