

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006099

1. Entity Name

~~NURSE WORKS, INC.~~

NURSE WORKS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90165 038 \*\*\*150.00

Principal Place of Business

Mailing Address

160 ROCK HILL ROAD  
BALA CYNWYD PA 19004

160 ROCK HILL ROAD  
BALA CYNWYD PA 19004-2133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2413005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

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 1, 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

TITLE **P** ☒ Delete

NAME **GARDNER, ANNETTE M**

STREET ADDRESS **160 ROCK HILL ROAD**

CITY-ST-ZIP **BALA CYNWYD PA**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **PD** ☐ Change ☒ Addition

NAME **RALPH J. FRIEDMAN III**

STREET ADDRESS **1900 SPRING RD. #102**

CITY-ST-ZIP **OAK BROOK IL 60521**

TITLE **V** ☐ Change ☒ Addition

NAME **R. REED THOMPSON**

STREET ADDRESS **1000 SOUTH RODNEY PARHAM**

CITY-ST-ZIP **LITTLE ROCK AR 72204**

TITLE **SD** ☐ Change ☒ Addition

NAME **MYRA F. FRIEDMAN**

STREET ADDRESS **1000 SOUTH RODNEY PARHAM**

CITY-ST-ZIP **LITTLE ROCK AR 72204**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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), 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

(501) 666-4144

Date

Daytime Phone #

CR2E034 (9/99)