FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G11491 (9)

1. Corporation Name
NURSES INCORPORATED

Principal Place of Business	Mailing Address
9703 RICHMOND AVENUE SUITE 270 HOUSTON TX 77042 US	POST OFFICE BOX 3506 SUITE 270 HOUSTON TX 77253 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 06/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2239528 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	X Change ☐ Addition
NAME	RIENER, JOHN C.	1.2 NAME	Singh, Man Jit	
STREET ADDRESS	9703 RICHMOND AVENUE	1.3 STREET ADDRESS	9703 Richmond Avenue	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Houston, Texas 77042	
TITLE	S	2.1 TITLE	TD	X Change ☐ Addition
NAME	SEAVER, DAVID M.	2.2 NAME	Wade, Terry R.	
STREET ADDRESS	9703 RICHMOND AVENUE	2.3 STREET ADDRESS	9703 Richmond Avenue	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Houston, Texas 77042	
TITLE	TASD	3.1 TITLE	D	X Change ☐ Addition
NAME	WADE, TERRY R.	3.2 NAME	Somerville, James D.	
STREET ADDRESS	9703 RICHMOND AVENUE	3.3 STREET ADDRESS	17 Executive Park South, #600	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	AS	4.1 TITLE	SD	X Change ☐ Addition
NAME	MALLORY, DAVID L.	4.2 NAME	Wade, Terry R.	
STREET ADDRESS	17 EXECUTIVE PARK SOUTH #600	4.3 STREET ADDRESS	9703 Richmond	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Houston, Texas 77042	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry R Wade
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

2/10/95
Date

(713) 789-1818
Daytime Phone Number

0470330 FP