

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

12/02/1982

3a. Date of Last Report

03/01/1995

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. 199.03?
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed in block of registered agent and date of appointment

(NOTE: Registered Agent's signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SINGH, MAN JIT
STREET ADDRESS 9703 RICHMOND AVENUE
CITY-ST-ZIP HOUSTON TX

☒ DELETE

TITLE TDSD
NAME WADE, TERRY R.
STREET ADDRESS 9703 RICHMOND AVENUE
CITY-ST-ZIP HOUSTON TX

☒ DELETE

TITLE D
NAME SOMERVILLE, JAMES D.
STREET ADDRESS 17 EXECUTIVE PARK SOUTH #600
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME William Sadler
1.3 STREET ADDRESS 9703 Richmond Ave
1.4 CITY-ST-ZIP Houston TX 77042

☒ Change ☐ Addition

2.1 TITLE TS
2.2 NAME Vincent E. Cook
2.3 STREET ADDRESS 9703 Richmond Ave
2.4 CITY-ST-ZIP Houston TX 77042

☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME David M. Seaver
3.3 STREET ADDRESS 9703 Richmond Ave
3.4 CITY-ST-ZIP Houston TX 77042

☒ Change ☐ Addition

4.1 TITLE S
4.2 NAME David L. Mallory
4.3 STREET ADDRESS 17 Executive Park South #600
4.4 CITY-ST-ZIP Atlanta GA 30329

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

713/789-1818

Display Phone #

CR2E034 (3/96)