

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G69585** (9)

1. Corporation Name

ALLIED NURSES & HEALTH CARE SERVICES, INC.



Principal Place of Business

**221 ARAGON AVE
SUITE 204
CORAL GABLES FL 33134
US**

Mailing Address

**221 ARAGON AVE
STE 204
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified

10/13/1983

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. BOX 530

4. FEI Number

59-2336608

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

81612

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIGUEROA, MANNY CPA
306 ALCAZAR AVE, SUITE 220
CORAL GABLES FL 33134**

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 name of officer or director, if applicable)

(Typed Name of Registered Agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BOYD, CONSTANCE A.
221 ARAGON AVE, STE 204
CORAL GABLES FL**

☐ DELETE

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
62. NAME
63. STREET ADDRESS
64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE:

CONSTANCE A. BOYD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

(470) 925 7077

DATE

Daytime Phone #

CR2E034 (12/95)