

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG 26 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
P O BOX 530
STE 204
ASPEN CO 81612
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 240 W 61st St Suite, Apt. #, etc. 22 c/o Ernest Allen City & State 23 Hialeah FL Zip 24 33012 Country 25 USA		2a. Mailing Address 26 1679 Maroon Creek Rd Suite, Apt. #, etc. 27 c/o Heatherbed City & State 28 Aspen, CO Zip 29 81611 Country 30 USA		3. Date Incorporated or Qualified 10/13/1983	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-2336608	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Ernest Allen
82 Street Address (P.O. Box Number is Not Acceptable)
240 W 61st St.
83
84 City
Hialeah FL 85 Zip Code
33012

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 Ernest Allen Ernest Allen 8/20/97
(NOTE: Registered Agent signature required when reinstating.) 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	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Heatherbed, 1679 Maroon Creek Rd Aspen CO 81611
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002279926-0 -08/28/97--01084--009 ***173.75 ***173.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OO

14. I do hereby certify that the information supplied with this filing 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:

STEPHANNE G. QUINN

8/15/97

CR2E034 (4/97)

2

Constance A. Boyd
c/o Heatherbed Lodge
1679 Maroon Creek Road
Aspen, Colorado 81611

August 13, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Department of State:

The registered agent for **Allied Nurses & Health Care Services, Inc.** has not been performing his duties and has been replaced. I never saw the original and have just received the second notice for the corporation annual report and am filing it promptly. Would you please waive the \$385 late fee? I would appreciate your consideration in this matter.

Yours truly,

A handwritten signature in cursive script that reads "Constance A. Boyd". The signature is written in dark ink and is positioned above the printed name and title.

Constance A. Boyd
President