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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:11

DOCUMENT # **H06556** **(5)**

1. Corporation Name

E. T. NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
9926 BEACH BLVD SUITE 116 JACKSONVILLE FL 32246 US	9926 BEACH BLVD SUITE 116 JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1984
3a. Date of Last Report: 07/20/1994

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:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 59-2458133 ☐ 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

LANDAU, FRANCINE CLAIR
2252 GULF LIFE TOWER
GULF LIFE DR.
JACKSONVILLE FL 32207

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 filing/altering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	Vice President ☒ Change ☐ Addition
NAME	MATSON, SALLY W.	12 NAME	Kathy Johnson
STREET ADDRESS	8029 WOODGROVE RD.	13 STREET ADDRESS	9223 Jay Bird Circle W
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, Fl 32257
TITLE	D	21 TITLE	Director ☐ Change ☐ Addition
NAME	MATSON, MICHAEL	22 NAME	Gary Johnson
STREET ADDRESS	8029 WOODGROVE RD.	23 STREET ADDRESS	9223 Jay Bird Circle W
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, Fl 32257
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SAELINGER, DEBORAH	32 NAME	
STREET ADDRESS	595 CHIVAS COURT	33 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SAELINGER, WILLIAN	42 NAME	
STREET ADDRESS	595 CHIVA COURT	43 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	44 CITY ST ZIP	
TITLE		51 TITLE	Secretary ☐ Change ☒ Addition
NAME		52 NAME	Lee Cashman
STREET ADDRESS		53 STREET ADDRESS	1888 Clemson Rd
CITY ST ZIP		54 CITY ST ZIP	Jacksonville, Fl 32217
TITLE		61 TITLE	Director ☐ Change ☒ Addition
NAME		62 NAME	Thomas Cashman
STREET ADDRESS		63 STREET ADDRESS	1888 Clemson Rd.
CITY ST ZIP		64 CITY ST ZIP	Jacksonville, Fl 32217

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: Richard R. Saelinger President Date 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0024332 CP