

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

19963-10-96

B-2153-NE

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

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SUITE 116
JACKSONVILLE FL 32246
US

3. Date Incorporated or Qualified
06/01/1984

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

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 registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME JOHNSON, KATHY
STREET ADDRESS 9223 JAY BIRD CIRCLE W
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME JOHNSON, GARY
STREET ADDRESS 9223 JAY BIRD CIRCLE W
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ DELETE
NAME SAELINGER, DEBORAH
STREET ADDRESS 595 CHIVAS COURT
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE
NAME SAELINGER, WILLIAM
STREET ADDRESS 595 CHIVA COURT
CITY-ST-ZIP ORANGE PARK FL

TITLE S ☐ DELETE
NAME CASHMAN, LEE
STREET ADDRESS 1888 CLEMSON RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME CASHMAN, THOMAS
STREET ADDRESS 1888 CLEMSON RD.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 if changed or on an attachment with an address.

SIGNATURE:

Deborah Saeling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date

704
642-3120
Daytime Phone #

CR2E034 (12/95)