

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90008 041 ***550.00

DOCUMENT # H62667

1. Entity Name
MEDSHARES NURSING SERVICES OF NAPLES, INC.

Principal Place of Business

**720 GOODLETEE RD N
 #306
 NAPLES FL 34102
 US**

Mailing Address

**2714 UNION AVE. EXT.D.
 MEMPHIS TN 38112
 US**

2. Principal Place of Business

251 Airport Rd. S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Memphis, TN

Zip

Country

Zip

Country

34104 Collier

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ELKINS, ROBERT	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNETT, BRADLEY	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	WINTERS, STEPHEN H	
STREET ADDRESS	2714 UNION AVE. EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOCH, JOHN R	
STREET ADDRESS	2714 UNION AVE. EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOLING, MICHAEL J	
STREET ADDRESS	2714 UNION AVE. EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Acting CEO/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerard J. Leimkuhler	
STREET ADDRESS	2714 Union Avenue Ext.D.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	Acting Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Murphey	
STREET ADDRESS	2714 Union Avenue Ext.D.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Holloway	
STREET ADDRESS	2714 Union Avenue Ext.D.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander J. Hoinsky	
STREET ADDRESS	2714 Union Avenue Ext.D.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Lusk	
STREET ADDRESS	2714 Union Avenue Ext.D.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Elizabeth Holloway 9/6/01 901-456-2484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)