2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J13272

Entity Name
UNITED NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
1897 PALM BEACH LAKE BLVD. STE 213 WEST PALM BEACH, FL 33409 US	1897 PALM BEACH LAKE BLVD. STE 213 WEST PALM BEACH, FL 33409 US

DO NOT WRITE IN THIS SPACE

06302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2688301	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PECARO, VICTOR F
1897 PALM BEACH LAKES BLVD.
STE 213
WEST PALM BEACH, FL 33409

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   DATE 7-1-06
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

U00000568595
07/07/06--80016--014 150.00

TITLE	P
NAME	PECARO, VICTOR F
STREET ADDRESS	1897 PALM BEACH LAKE BLVD., STE 213
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   7-1-06   561-310-7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #