## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name **J37268** 

(6)

MORGAN NURSING SERVICES INC

WONDAN NOTOTING OF THE	o <b>co</b> ; ino	
Principal Place of Business	Mailing Address	
% EVELYN B. MORGAN 10813 CYPRESS GLEN DRIVE CORAL SPRINGS FL 33071	% EVELYN B. MORGAN 10813 CYPRESS GLEN DRIVE CORAL SPRINGS FL 33071	
2. Principal Place of Business	2a. Mailing Address	1
21	[26]	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

**FILED** Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						III OFDIA GIDIA DIQII QIDIA DIDII ILDI	
% EVELYN B. MORGAN 10813 CYPRESS GLEN DRIVE 10813 CYPRESS GLEN DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
A Diania I D	Vaca of D. win	Lan Maillen Address			10/07/1986		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt.	# Alc	26   Suite, Apt. #, etc.			59-2732346	Not Applicable	
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the		
24	25	29	30	-	Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curre	ent Registered Agent	1331		10. Name and Address of New Registe	red Agent	
l.	IORGAN, EVELYN B.			81 Name			
	0813 CYPRESS GLEN DRIVE			82 Street /	Street Address (P.O. Box Number is Not Acceptable)		
C	ORAL SPRINGS FL 33071			83			
			]	<u> </u>			
			ļ	84 City		Zip Code	
office or r agent. 1 a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida, Such change was	authorized	by the corp	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing its registered appointment as registered	
SIGNATURE	Signature, typed or printed name of requstered as	gent and title if applicable (NO	1E: Registered	Agenl signature	required when reinstaling) DA	re	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD	☐ DEL <b>e</b> te	1.1 TII	LE		☐ Change ☐ Addition	
NAME	Morgan, Evelyn B.		1.2 NA	ME			
STREET ADDRESS	10813 CYPRESS GLEN DE	Ì	1.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CI	Y-ST-ZIP			
TITLE		☐ DELE <b>te</b>	2.1 7(7	LE		☐ Change ☐ Addition	
NAME			2.2 NA	ME ]			
STREET ADDRESS			2.3 ST	REE1 ADDRESS		ļ	
CITY+ST-ZIP			2. 4 CI	Y-ST-ZIP			
TITLE		DELETE	3.1 717	LE		☐ Change ☐ Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	HEET ADDRESS			
CITY-ST-ZIP		······	3.4. CI	Y-ST-ZIP			
TITLE	-	☐ DELETE	4.1 ŢIT	.E		Change Addition	
NAME			4. 2 N/	ME J			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	.E		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS		1	
CITY-ST-ZIP			5.4 CI1	Y - ST - ZIP			
TITLE		DELETE	6.1 TIT	LE		☐ Change ☐ Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			63 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
4.4 Lhoroby	andifu that the information ourselied	with this files does not qualify	for the ava	motion atala	d in Section 110 07/3\(\text{i}) Elected Statutes I further	r portify that the information	

Information countries applied with this limit does not qualify for the exemption stated in section 119.07(3)(). Florida Statutes, Floring 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.