

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **J40753** (2)

1. Corporation Name
NURSEFINDERS OF SARASOTA, INC.

Principal Place of Business
**223 BENEVA ROAD
SARASOTA FL 34232-1010**

Mailing Address
**P.O. BOX 13767
ARLINGTON TX 76094-0767**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1986	3a. Date of Last Report 02/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 74-2437482		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**DEWEES, BARNEY
3758 COUNTRY SIDE ROAD
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARR, LARRY M.	1.2 NAME	
STREET ADDRESS	1301 SOUTH BOWEN NO. 335	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON TX 76013	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	GOSSARD, BRUCE	2.2 NAME	
STREET ADDRESS	3275-66TH ST NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33710	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DALY, JOHN	3.2 NAME	
STREET ADDRESS	3517 FOWLER STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	DEWEES, BARNEY	4.2 NAME	
STREET ADDRESS	3785 COUNTRYSIDE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34235	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 included 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 or is changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

CR2E034 (9/96)