


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J40753 1. Entity Name NURSEFINDERS OF SARASOTA, INC.	
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Principal Place of Business
1223 BENEVA RD
SARASOTA, FL 34232

Mailing Address
P.O. BOX 201946
ARLINGTON, TX 76006



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2437482	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEWEES, BARNEY
3758 COUNTRY SIDE ROAD
SARASOTA, FL 34233

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000147336
05/03/04-80102-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CARR, LARRY M.
STREET ADDRESS	1301 SOUTH BOWEN NO. 335
CITY-ST-ZIP	ARLINGTON, TX 76013

TITLE	DP
NAME	GOSSARD, BRUCE
STREET ADDRESS	3275-66TH ST NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710

TITLE	D
NAME	DALY, JOHN
STREET ADDRESS	3517 FOWLER STREET
CITY-ST-ZIP	FT MYERS, FL

TITLE	DT
NAME	DEWEES, BARNEY
STREET ADDRESS	3785 COUNTRYSIDE RD.
CITY-ST-ZIP	SARASOTA, FL 34235

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04
Date

817-649-1166
Daytime Phone #