FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 8-13-96 B - 7782 C

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

DOCUMENT # **K51290** **(0)**

1. Corporation Name

STAT NURSING SERVICES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
117 N.W. RACETRACK RD. #217 FT. WALTON BEACH FL 32547-1697	RT. 3. BOX 3546 QUINCY FL 32351

3. Date Incorporated or Qualified: **12/14/1988**

3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business
21 Rt. 3 Box 3546
22 Suite, Apt. #, etc.
23 City & State: Quincy Florida
24 Zip: 32351
25 Country: GADSDEN

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-2917453** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No XX

9. Name and Address of Current Registered Agent

JOHNSON, PATRICIA
117 NW RACETRACK RD.
FORT WALTON BEACH FL 32547-1697

10. Name and Address of New Registered Agent

81 Name: Patricia Johnson
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 3 Box 3546
83
84 City: Quincy **FL** 85 Zip Code: 32351

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: Patricia Johnson PATRICIA Johnson 7/25/96
Signature of, or printed name of, President or Vice President DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO JOHNSON, PATRICIA A RT 3, BOX 3546 QUINCY FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Board Chairman Leon Johnson Rt.3 Box 3546 Quincy, Florida	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, LEON RT 3, BOX 3546 QUINCY FL	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP Renee Underwood 177 Warwick St. Daly City, Ca. 94015	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMMONS, DAYMON RT 3, BOX 3546 QUINCY FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP HARGRAVES, NICOLE RT 3, BOX 3546 QUINCY FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOB, ERMA RT 3, BOX 3546 QUINCY FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOB, PHIL RT 3, BOX 3546 QUINCY FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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.

SIGNATURE: Patricia Johnson PATRICIA JOHNSON 7/25/96 (904)298-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #