

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

FILED

93 FEB 10 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K51290 (0)
1. Corporation Name
STAT NURSING SERVICES INTERNATIONAL INC.



Principal Place of Business

Mailing Address

RT 3 BOX 3546
QUINCY FL 32351
US

RT. 3. BOX 3546
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JOHNSON, PATRICIA
RT 3 BOX 3546
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave.

83 Coral Gables

84 City Coral Gables

FL

85 Zip Code

33134

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 change of, Section 607.0505, Florida Statutes. **SPIEGEL & UTRERA, P.A., dba AmeriLawyer**

SIGNATURE

By:

Natalia Utrera, Vice President

Signature, typed or printed name of individual signing this document

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. DELETE

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY-ST-ZIP

10. DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. DELETE

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY-ST-ZIP

20. DELETE

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. DELETE

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. DELETE

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

35. DELETE

36. TITLE

37. NAME

38. STREET ADDRESS

39. CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

600002427846--1

-02/11/98--01078-005

****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

14. I 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
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 its 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:

Natalia Utrera

11/23/98

CR2E034 (10/97)