FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85842** **(7)**

1. Corporate Name

BOCA NURSES, INC.

Principal Place of Business

% MARCIA A. CHERELLO
855 S FEDERAL HWY. STE 211
BOCA RATON FL 33432

Mailing Address

% MARCIA A. CHERELLO
855 S FEDERAL HWY. STE 211
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **06/29/1990**

3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business
21 Suite Apt. # etc.
22 City & State
23 Zip 24 County 25

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

4. FEI Number: **65-0210807** ☐ 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

9. Name and Address of Current Registered Agent

CHERELLO, MARCIA A.
21557 E. HALLANDAIRE DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 (If changing registered agent, registered agent must sign here) (If changing registered agent, registered agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
51 TITLE	DTS	☐ Change ☐ Addition
52 NAME	CHERELLO, MARCIA A.	
53 STREET ADDRESS	21557 E. HOLLANDAIRE DR	
54 CITY ST ZIP	BOCA RATON FL	
55 TITLE		☐ Change ☐ Addition
56 NAME		
57 STREET ADDRESS		
58 CITY ST ZIP		
59 TITLE		☐ Change ☐ Addition
60 NAME		
61 STREET ADDRESS		
62 CITY ST ZIP		
63 TITLE		☐ Change ☐ Addition
64 NAME		
65 STREET ADDRESS		
66 CITY ST ZIP		
67 TITLE		☐ Change ☐ Addition
68 NAME		
69 STREET ADDRESS		
70 CITY ST ZIP		
71 TITLE		☐ Change ☐ Addition
72 NAME		
73 STREET ADDRESS		
74 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: Marcia A. Cherello Marcia A. Cherello 4/29/95 407-394-0622
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR Date Daytime Phone #

0239480 CP