

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90039 015 ****70.00

DOCUMENT # N00000006401

1. Entity Name

NATIONAL HOME HEALTH NURSES, INC.



Principal Place of Business

1800 W. 49TH ST., STE 321
HIALEAH FL 33012

Mailing Address

1800 W. 49TH ST., STE 321
HIALEAH FL 33012

2. Principal Place of Business

1790 W 49TH ST.

3. Mailing Address

1790 W 49TH ST.

Suite, Apt. #, etc.

SUITE 308

Suite, Apt. #, etc.

STE. 308

City & State

HIALEAH FL.

City & State

HIALEAH, FL.

Zip

33012

Country

DADE

Zip

33012

Country

DADE



MOORE

CR2E037 (11/03)

4. FEI Number

65-1140898

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABELARD, MARGARETTE
1800 W. 49TH ST., STE 321
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D ABELAND, MARGARETTE	<input type="checkbox"/> Delete
STREET ADDRESS	6744 PANSY DRIVE	
CITY - ST - ZIP	MIRAMAR FL 33023	
TITLE NAME	D INNIS, LYNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	7041 SUNSET STRIP	
CITY - ST - ZIP	SUNRISE FL 33331	
TITLE NAME	D JOSEPH, MARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	1800 W. 49TH ST., STE 321	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 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 617, 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:

LYNETTE INNIS
LYNETTE
INNIS

Feb. 3 2004

305 558-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #