2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 23, 2004 8:00 am Secretary of State

1. Entity Nar ASSOCIA	MENT # N0100000 ation of nurses endo plantation, inc.	•		02-2	02-23-2004 90029 035 ****70.00	
301 THIRD	ce of Business AVE C, FL 32903	Mailing Address PO BOX 541234 MERRITT ISLAND, FL 32	2954-1234			·
2 Principal (Place of Business	3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162004 Ch	g-NP CR2E037 (1	10/03)
City & State		Cocoa Beach, FL		4. FEI Number 52-1530111		Applied For Not Applicable
Zip	Country	32 932 - 0669	Country	5. Certificate of Stat	us Desired 📉 \$8.	75 Additional Required
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Ager	nt
CAVAJOS, JUDI				Name Judi Cavazos		
301 THIRI	D AVE. ITIC, FL 32903	•	Street Address (P.O. Box Number is Not Acceptable)			
1			300	301 third Ave		
. [City Indialantic FL Zip Cood 32903		
	e named entity submits this statement for	or the purpose of changing its r	egistered office or reg	istered agent, or both, in the	e State of Florida. I am famil	lar with, and accept
SIGNATURE	Oud Cavasos Signaffe, typed or printed name of registed agen	> Dational industrial	LEXECUTIVE Registered Agent signature re	Director quired when reinstating)	2/16 DATE	104
					THE PARTY OF THE P	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	Make check pa Florida Departme	nt of State
10.	Due by May 1, 2004 OFFICERS AND D	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHANGES	Florida Departments TO OFFICERS AND DIRECT	nt of State TORS IN 10
10. TITLE NAME	OFFICERS AND DE CAVAJOS, JUDI	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHANGES	Florida Departments TO OFFICERS AND DIRECT	nt of State
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DE CAVAJOS, JUDI 301 THIRD AVE	Trust Fund Co	11. TITLE D NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGES CAVAZOS, J SOL HILL	Florida Departments to OFFICERS AND DIRECT AVE	nt of State FORS IN 10 Change
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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.! 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.

CITY-ST-ZIP

SIGNATURE:

PORT ORANGE, FL 32127

TED WANE OF SIGNING OFFICER OR DIRECTOR

Deltona, FL 32725