**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005091 (4)**

1. Corporation Name

**CANADIAN NURSES IN FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2014 FOURTH ST<br>SARASOTA FL 34237 | 2014 FOURTH ST<br>SARASOTA FL 34237 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0503986 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 3400 S. Tamiami Trail | 26 3400 S. Tamiami Trail |
| Suite, Apt. #, etc.<br>22 301 | Suite, Apt. #, etc.<br>27 301 |
| City & State<br>23 Sarasota, FL | City & State<br>28 Sarasota, FL |
| Zip / Country<br>24 34239 / 25 USA | Zip / Country<br>29 34239 / 30 USA |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JAENSCH, PETER J<br>2014 FOURTH ST<br>SARASOTA FL 34237 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 3400 S. Tamiami Trail<br>83 Suite 301<br>84 City: Sarasota FL 85 Zip Code: 34239 |

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: Peter J. Jaensch — 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSTD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | POOLE, NANCY F | 12 NAME | |
| STREET ADDRESS | 5707 MONTE ROSSO RD | 13 STREET ADDRESS | 3400 S. Tamiami Trail, Suite 301 |
| CITY-ST-ZIP | SARASOTA FL 34243 | 14 CITY-ST-ZIP | Sarasota, FL 34239 |
| TITLE | VD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | JAENSCH, PETER J | 22 NAME | |
| STREET ADDRESS | 2014 FOURTH ST | 23 STREET ADDRESS | 3400 S. Tamiami Trail, Suite 301 |
| CITY-ST-ZIP | SARASOTA FL 34237 | 24 CITY-ST-ZIP | Sarasota, FL 34239 |
| TITLE | D | 31 TITLE | ☒ Change ☐ Addition |
| NAME | JAENSCH, VICTORIA N | 32 NAME | |
| STREET ADDRESS | 1393 NW 81ST ST AVE | 33 STREET ADDRESS | 3400 S. Tamiami Trail, Suite 301 |
| CITY-ST-ZIP | PLANTATION FL 33322 | 34 CITY-ST-ZIP | Sarasota, FL 34239 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Peter J. Jaensch — 4/26/95 — 813-366-9841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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