

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91601 002 \*\*\*158.75

**DOCUMENT #** P00000079051

**1. Entity Name**

Nurses to USA, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

9200 NW 39th Avenue

**3. Mailing Address**

Same

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Gainesville, FL.

**City & State**

**4. FEI Number**

59-3669791

Applied For

Not Applicable

**Zip**

32606

**Country**

Alachua

**Zip**

**Country**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Raymund V. Raval

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

8303 NW 36th Avenue

**City**

Gainesville

**FL**

**Zip Code**

32606

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-21-02

DATE

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**

Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PRESIDENT	<b>TITLE</b>	
<b>NAME</b>	RAYMUND V. RAVAL	<b>NAME</b>	
<b>STREET ADDRESS</b>	8303 NW 36th AVE.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	GAINESVILLE, FL. 32606	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	VICE PRESIDENT	<b>TITLE</b>	
<b>NAME</b>	ANGELITO IZON	<b>NAME</b>	
<b>STREET ADDRESS</b>	8522 NW 35th ROAD	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	GAINESVILLE, FL. 32606	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	TREASURER	<b>TITLE</b>	
<b>NAME</b>	JOCELYN B. RAVAL	<b>NAME</b>	
<b>STREET ADDRESS</b>	8303 NW 36th Avenue	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	GAINESVILLE, FL. 32606	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	SECRETARY	<b>TITLE</b>	
<b>NAME</b>	ROSARIO R. TOLEDO	<b>NAME</b>	
<b>STREET ADDRESS</b>	8560 Ethans Glen Terrace	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Jacksonville, FL. 32256	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

PRESIDENT

*[Signature]*

Raymund V. Raval

5-21-02

(352)214-6809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)