

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000076826

FILED
Apr 29, 2003
Secretary of State

Entity Name: NURSES AS NEEDED CORP.

Current Principal Place of Business:

9140 GOLFSIDE DRIVE
SUITE 1
JACKSONVILLE, FL 32256

Current Mailing Address:

9140 GOLFSIDE DRIVE
SUITE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

9140 GOLFSIDE DRIVE
SUITE 1N
JACKSONVILLE, FL 32256

New Mailing Address:

9140 GOLFSIDE DRIVE
SUITE 1N
JACKSONVILLE, FL 32256

FEI Number: 59-3735667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, KIMBERLY A
1300 MARSH LANDING PKWY STE 108
JACKSONVILLE BEACH, FL 322502407 US

Name and Address of New Registered Agent:

BLANKENSHIP, KIMBERLY A
2716 ST. JOHNS AVE
JACKSONVILLE, FL 32205 US

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:

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MEYER, CAROL L
Address: 9250 CYPRESS GREEN DRIVE STE 104
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD () Delete
Name: STEPHENS, JOHN R
Address: 5211 MALIBU DR
City-St-Zip: EDINA, MN 55436

Title: VD () Delete
Name: SALDANA, SALLY J
Address: 9250 CYPRESS GREEN DRIVE SUITE 104
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MEYER, CAROL L
Address: 9140 GOLFSIDE DR #1N
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SALDANA, SALLY J
Address: 9140 GOLFSIDE DR #1N
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY J SALDANA

VD

04/29/2003

Electronic Signature of Signing Officer or Director

Date