FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90050 048 ***150.00

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FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# P01000087014

1. EntityName: TLC NURSES, INC

DO NOT WRITE IN THIS SPACE

2. PrincipalPlaceofBusiness: 433 Brody Cove
Suite,Apt.#,etc.
City&State: Jacksonville FL
Zip: 32225 Country: USA

3. MailingAddress: SAME
Suite,Apt.#,etc.
City&State
Zip Country

DONOTWRITEINTHISSPACE

4. FEINumber: 59-3744326 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent
Name: NATALIE FRALICK
StreetAddress (P.O.BoxNumberisNotAcceptable): 433 BRODY COVE
City: JACKSONVILLE **FL** ZipCode: 32225

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inttheStateofFlorida.

SIGNATURE ______________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

9. Thiscorporationiseligibletosatisfyitsintangible Taxfilingrequirementandelectstodoso. (Seecriteriaonback) ☐

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. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE	DPS
NAME	NATALIE FRALICK
STREETADDRESS	433 Brody Cove
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	DVT
NAME	PAUL EVENS
STREETADDRESS	433 BRODY COVE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	
NAME	
STREETADDRESS	
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CITY-ST-ZIP	

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13. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes; and that my name appears in Block 11oronan attachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: [signature]
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

4/29/2002 Date
(904)721-2007 DaytimePhone#