

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91032 045 ***155.00

DOCUMENT # P01000087014

1. Entity Name
TLC NURSES, INC.



Principal Place of Business
**433 BRODY COVE
JACKSONVILLE FL 32225**

Mailing Address
**433 BRODY COVE
JACKSONVILLE FL 32225**



2. Principal Place of Business

221 BROADMOOR DRIVE

Suite, Apt. #, etc.

3. Mailing Address

221 BROADMOOR DRIVE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ADVANCE, N.C. 27006

City & State
ADVANCE, NC

4. FEI Number
59-3744326

Applied For
☐ Not Applicable

Zip
27006

Country
USA

Zip
27006

Country
U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRALICK, NATALIE
433 BRODY COVE
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name
FRALICK, NATALIE

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

653, MONUMENT ROAD # 1415

City
JACKSONVILLE

FL

Zip Code
32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

NATALIE B. FRALICK / PRESIDENT

4/2/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
DPS ☐ Delete
NAME
FRALICK, NATALIE
STREET ADDRESS
433 BRODY COVE
CITY-ST-ZIP
JACKSONVILLE FL 32225

TITLE
DVT ☐ Delete
NAME
EVENS, PAUL
STREET ADDRESS
433 BRODY COVE
CITY-ST-ZIP
JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NATALIE B. FRALICK ☒ Change ☐ Addition
NAME
653 MONUMENT RD # 1415
STREET ADDRESS
JAX, FL. 32225
CITY-ST-ZIP

TITLE
EVENS, PAUL ☒ Change ☐ Addition
NAME
221 BROADMOOR DR.
STREET ADDRESS
ADVANCE, NC 27006
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **NATALIE B. FRALICK**

4/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)