

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90277 009 ***150.00

DOCUMENT # P02000014826

1. Entity Name
NURSES, INC.



Principal Place of Business
**3200 ATLANTIC BEACH BLVD SUITE 302
NORTH HUTCHINSON ISLAND FL 34949**

Mailing Address
**3200 ATLANTIC BEACH BLVD SUITE 302
NORTH HUTCHINSON ISLAND FL 34949**

2. Principal Place of Business

3. Mailing Address

3200 N. A-1-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

City & State

FORT PIERCE, FL

Zip

Country

Zip

Country

31949

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMAHON, JAMES T
3200 ATLANTIC BEACH BLVD SUITE 302
NORTH HUTCHINSON ISLAND FL 34949**

Name
MCMAHON, JAMES T.

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

3200 N. A-1-A, STE. #302

PO

City

FORT PIERCE

FL

Zip Code

31949

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: James T. McMahon **JAMES T. MCMAHON, DIRECTOR FEB 11, 2003**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCMAHON, JAMES T
3200 ATLANTIC BEACH BLVD SUITE 302
NORTH HUTCHINSON ISLAND FL 34949** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: James T. McMahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 11, 2003 (772) 465-8981
Date Daytime Phone #

CR2E034 (10/02)