## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000141388

Entity Name: BAYSA NURSING SERVICES INC.

FILED Jul 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12414 LONG LAKE DRIVE NORTH JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 12414 LONG LAKE DRIVE NORTH JACKSONVILLE, FL 32225 FEI Number: 36-4544188 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAYSA, MARIA ROWENA Q 12414 LONG LAKE DRIVE NORTH JACKSONVILLE, FL 32225 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: MARIA ROWENA Q. BAYSA Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES ( ) Delete () Change () Addition BAYSA, MARIA ROWENA Q Name: Name: 12414 LONG LAKE DRIVE NORTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: BAYSA, MICHAEL D Name: 12414 LONG LAKE DRIVE NORTH Address: Address: JACKSONVILLE, FL 32225 US City-St-Zip: City-St-Zip:

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: MARIA ROWENA Q. BAYSA P 07/21/2005