


FILED
Apr 19, 2005 8:00 am
Secretary of State



DOCUMENT # P04000059778

1. Entity Name
NURSING & TECHNICAL SERVICES, INC



04-19-2005 90377 012 ***150.00

Principal Place of Business
2331 NORTH STATE RD. 7, SUITE 214-B
LAUDERHILL, FL 33313

Mailing Address
2331 NORTH STATE RD. 7, SUITE 214-B
LAUDERHILL, FL 33313

2. Principal Place of Business
4000 NORTH STATE RD 7
Suite, Apt. #, etc.
402

3. Mailing Address
4000 NORTH STATE RD 7
Suite, Apt. #, etc.
402

City & State
LAUDERDALE LAKES

City & State
LAUDERDALE LAKES

Zip
33314

Country
USA

Zip
33314

Country
USA

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
JOHN, DAVE
2331 NORTH STATE RD. 7, SUITE 214-B
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent
Name
DAVE JOHN
Street Address (P.O. Box Number is Not Acceptable)
4000 North State Rd 7 Ste 402
City
LAUDERDALE LAKES FL Zip Code
33314

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
4/14/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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/
JOHN, DIANE
2331 NORTH STATE RD. 7, SUITE 214-B
LAUDERHILL, FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
4/14/05

Daytime Phone #