

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90090 005 ***150.00

DOCUMENT # P05000035921

1. Entity Name
AVAILABLE NURSES INC.



Principal Place of Business
**1013 HAMPTON CIRCLE
NAPLES, FL 34109**

Mailing Address
**1013 HAMPTON CIRCLE
NAPLES, FL 34109**

2. Principal Place of Business
3261 Lakeview Drive

3. Mailing Address
3261 Lakeview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34112

Country
USA

Zip
34112

Country
USA

04132006 Chg-P CR2E034 (11/05)



4. FEI Number
83-0419516

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARARI, LOIS
1013 HAMPTON CIRCLE
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **Harari, Lois**

Street Address (P.O. Box Number is Not Acceptable)
3261 Lakeview Drive

City **Naples**

FL

Zip Code
34112

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, 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARARI, LOIS**
STREET ADDRESS **1013 HAMPTON CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **STD** ☐ Delete
NAME **GAERTNER, JAMES**
STREET ADDRESS **1013 HAMPTON CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34109**

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 **D** ☒ Change ☐ Addition
NAME **Harari, Lois**
STREET ADDRESS **3261 Lakeview Drive**
CITY-ST-ZIP **Naples, Florida 34112**

TITLE **PD** ☒ Change ☐ Addition
NAME **Gaertner, James**
STREET ADDRESS **4874 Hampshire Ct, #204**
CITY-ST-ZIP **Naples, FL 34112**

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 exemptions contained in Chapter 119, 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:

Lois Harari

4/14/06

239-435-9004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #