FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29680 (6)

1. Corporation Name
SMI NURSING REGISTRY, INC.

Principal Place of Business	Mailing Address
%SENIORS MANAGEMENT, INC. 1114 WYNWOOD AVE. CHERRY HILL NJ 08002	%SENIORS MANAGEMENT, INC. 1114 WYNWOOD AVE. CHERRY HILL NJ 08002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 22-3010655 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country
2a. Mailing Address — 26 Street Address; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent

MARCUS, PAUL R., ESQUIRE
9990 S.W. 77TH AVENUE PH-1
MIAMI FL 33156-9699

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE:
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAZOVITZ, STEPHEN	12 NAME	
STREET ADDRESS	1114 WYNWOOD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NOGARALES, ALBERTO	22 NAME	
STREET ADDRESS	1114 WYNWOOD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SALL, ROBERT	32 NAME	
STREET ADDRESS	1114 WYNWOOD AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, LENARD	42 NAME	
STREET ADDRESS	1114 WYNWOOD AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/20/95
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) Date (Daytime Phone #)

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