FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:57

DOCUMENT # P30433 (7)

1. Corporation Name
EMERGENCY NURSES C.A.R.E., INC.

Principal Place of Business	Mailing Address
770 GRAPTON ST SHNEWSBURY MA 01545 US	770 GRAFTON ST SHREWBURY MA 01545 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-2647026 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCRANIE, KATHY
140 CABRILLO LANE
VERA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: Katie Schell
82 Street Address (P.O. Box Number is Not Acceptable): 30 Mark Avenue
83:
84 City: Merritt Island FL 85 Zip Code: 32952

11. Pursuant to the provisions of Sections 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: Katie Schell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, BARBARA A	1.2 NAME	
STREET ADDRESS	770 GRAFTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY MA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	COURTNEY, KAREN	2.2 NAME	Karen Mitchell
STREET ADDRESS	770 GRAFTON ST	2.3 STREET ADDRESS	770 Grafton St.
CITY-ST-ZIP	SHREWSBURY FL	2.4 CITY-ST-ZIP	Shrewsbury, MA 01545
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LASSMAN, JANET	3.2 NAME	
STREET ADDRESS	770 GRAFTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHIAVONE, TERRANCE	4.2 NAME	
STREET ADDRESS	770 GRAPTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, BARBARA	5.2 NAME	
STREET ADDRESS	770 GRAFTON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ROYALL, JOHN T	6.2 NAME	Carla Dunyee
STREET ADDRESS	770 GRAPTON ST	6.3 STREET ADDRESS	770 Grafton St.
CITY-ST-ZIP	SHREWSBURY MA	6.4 CITY-ST-ZIP	Shrewsbury, MA 01545

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Lassman Janet Lassman 1-18-95 508/753-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079803