CR2E034 (10/00)	

## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State **DOCUMENT # P31914** 1. Entity Name 05-17-2001 91083 012 \*\*\*158.75 NURSES BX INC. Principal Place of Business Mailing Address 9800 W KINCEY AVE 9800 W KINCEY #150 HUNTERSVILLE NC 28078 HUNTERSVILLE NC 28078 US 2. Principal Place of Business 3. Mailing Address Camino Real 9800 W. Kineey laase Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1708641 Diego Huntersville San Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **280**18 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NowaKowski ☐ Change Delete TITLE ST. VP TITLE JONES-CONFOY, SUZANNE Comino Real NAME STREET ADDRESS STREET ADDRESS 9800 W KINCEY AVE STE 150 Dieso CA- 92130 CITY-ST-ZIP CITY-ST-ZIP HUNTERSVILLE NC 28078 Addition ☐ Delete TITLE TITLE NAME KRANS, ROBERT G NAME STREET ADDRESS STREET ADDRESS 9800 W KINEEY AVE STE150 CITY-ST-ZIP CITY-ST-ZIP Huntersville HUNTERSVILLE\_NC\_28078 ccretary /Treasurer ☐ Change 🗶 Delete TITLE TITLE NAME K. Stumph MANNING, MICHAEL J NAME Diane STREET ADDRESS Real Camino STREET ADDRESS 9800 W KINCEY AVE STE 150 ĒΙ CITY-ST-ZIP CITY-ST-ZIP HUNTERSVILLE NC 28078 Change **X** Addition TITLE TITLE ☐ Delete Wehn NAME NAME Real STREET ADDRESS Canino STREET ADDRESS El CITY-ST-ZIP Diego CITY-ST-78 San Addition Director Change TITLE ☐ Delete TITLE NAME NAME 4apo Real STREET ADDRESS STREET ADDRESS 12235 CITY-ST-ZIP CITY-ST-ZIP Diego 🔀 Addition Change ☐ Delete TITLE Director NAME Susan Nowakowski STREET ADDRESS STREET ADDRESS 12235 ピノ CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: