

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

APPROVED
FILED

95 FEB 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011150 (8)

1. Corporation Name

NURSING MANAGEMENT, INC.

Principal Place of Business

9231 N.W. 32RD MANOR
SUNRISE FL 33351
US

Mailing Address

9231 N.W. 32RD MANOR
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/12/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3129263	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

(Signature of Registered Agent required when changing)

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P GALLO, GERALDINE M.	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	9231 N.W. 32ND MANOR	1.2 NAME	
CITY - ST - ZIP	SUNRISE FL	1.3 STREET ADDRESS	
NAME		1.4 CITY - ST - ZIP	
STREET ADDRESS		2.1 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
NAME		3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
NAME		3.4 CITY - ST - ZIP	
STREET ADDRESS		4.1 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
NAME		5.4 CITY - ST - ZIP	
STREET ADDRESS		6.1 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), Florida Statutes. I further certify that the information reflected 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 of this document, or in an attachment, with an address.

SIGNATURE:

Geraldine M. Gallo
GERALDINE M. GALLO

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

02-21-95

305-570-9345

Date

Signature