## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054176 (1)

CENTRAL FLORIDA NURSING SERVICES, INC.

| 130 MEDICAL CENTER<br>SEBRING FL 33870 | 130 MEDICAL CENTER<br>SEBRING FL 33870-546 |
|--|--|
| Principal Place of Business            | Mailing Address                            |
|  |  |
|  |  |

## **FILED** May 13 1997 8:00am Secretary of State



| 27   City & State   City & Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   State   City   City   City   City   Zip   Country   State   City      | Applied For Not Applicable 75 Additionat se Required .00 May Be ded to Fees for s. 199.032, |
|--|---|
| 2. Principal Place of Business   2e. Mailing Address   59-3203736   3. Sulle, Apt. #, etc   Suite, Apt. #, olc   Suite, Apt. *, olc   Suite, Apt. #, olc   S | Applied For Not Applicable 75 Additional se Required .00 May Be ded to Fees for s. 199.032, |
| Sulfe, Apt. #, etc  22  City & State  City & State  City & State  Country  28  Zip  Country  29  29  30  Country  8. This composition has liability for intergible type and file of the plant of the purpose of change of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the shove-named corporation submiris this statement for the purpose of change of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the shove-named corporation submiris this statement for the purpose of change of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the shove-named corporation submiris this statement for the purpose of change of the provisions of Sections 607 0502 and 607 1508. Florida Statutes  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the shove-named corporation submiris this statement for the purpose of change of the original or the purpose of change of the original or the purpose of change of the original or the purpose of the provisions of sections 607 0508. Florida Statutes  SIGNATURE  SIGNATURE  DPV  OFFICE IS AND DIRECTORS  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ONLY SI - 2P  TITLE  DPV  DELETE  13. THIS IS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ONLY SI - 2P  TITLE  DRUGGES SEBRING FL 33870  THE DPV  SEBRING FL 33870  14. ONLY SI - 2P  TITLE  DELETE  3. THIS IS IN THE MANK  3. SIRECT ADDRESS  CITY-SI - 2P  TITLE  DELETE  3. THIS IS IN THIS  | e Required  .00 May Be ded to Fees for s. 199.032,  |
| City & State   | ded to Fees for s. 199.032, Zip Code  |
| Zip  | Zip Code  |
| COPLEY, ALISON   425 S COMMERCE AVE SEBRING FL 33870   | •   |
| ### SEBRING FL 33870  ### SEBRING FL 33870  ### B2 Street Address (P.O. Box Number is Not Acceptable)  ### B3    ### City  | •   |
| SEBRING FL 33870  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-trained corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  OVV  DELTE  1.1 DILE  OLVEROS, ELIZABETH  STREET ADDRESS  CITY-S1-ZIP  TITLE  OBLETE  OLLETE  OLLETE  OLLETE  3.1 SIRET ADDRESS  CITY-S1-ZIP  TITLE  OLLETE  3.2 SIRET ADDRESS  CITY-S1-ZIP  TITLE  OLLETE  3.3 SIRET ADDRESS  CITY-S1-ZIP  TITLE  OLLETE  3.4 ADDRESS  CITY-S1-ZIP  TITLE  OLLETE  3.5 REET ADDRESS  CITY-S1-ZIP  TITLE  OLLETE  3.7 DILLETE  OLLETE  3.7 NAME  3.8 SIRET ADDRESS   | •   |
| B3   B4   City   FL   B5   | •   |
| 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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INC. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INC. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STREET ADDRESS  CITY-S1-ZIP  SEBRING FL 33870  14.01Y-S1-ZIP  TITLE  DELETE  DELETE  21.11LE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  22.NAMI  23.SIRECT ADDRESS  CITY-S1-ZIP  TITLE  DELETE  31.11LE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-S1-ZIP  TITLE  DELETE  31.11LE  ChanAME  32.NAME  33.SIRECT ADDRESS  33.SIRECT ADDRESS  33.SIRECT ADDRESS  33.SIRECT ADDRESS  33.SIRECT ADDRESS   | •   |
| 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 change of the provisions of sections of section 607 0505. Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  Signature typed or printed name of registered agent and still displicable. (NOT) Registered Agent signature required when reinstating)  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  OPV  DELETE  1.1 THLE  OLIVEROS, ELIZABETH  STREET ADDRESS  CITY-S1-ZIP  SEBRING FL 33870  14 CITY-S1-ZIP  TITLE  OBLIETE  1.3 SIREET ADDRESS  CITY-S1-ZIP  TITLE  OBLIETE  1.4 CITY ST-ZIP  TITLE  OBLIETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.3 SIREET ADDRESS  CITY-S1-ZIP  TITLE  OBLIETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.4 CITY-S1-ZIP  TITLE  OBLIETE  3. SIREET ADDRESS  CITY-S1-ZIP  TITLE  OBLIETE  3. SIREET ADDRESS  CITY-S1-ZIP  TITLE  OBLIETE  3. THILE  3. Change  3. SIREET ADDRESS  CITY-S1-ZIP  TITLE  3. SIREET ADDRESS  | ng its registered   |
| TITLE OPV DELETE CLUBLE  NAME OLIVEROS, ELIZABETH  STREET ADDRESS CITY-SI-ZIP SEBRING FL 33870  TITLE DELETE 21 THE CARROLL CA |   |
| NAME   |   |
| STREET ADDRESS   6549 RAJOL DR.   1.8 STREET ADDRESS   SEBRING FL 33870   1.4 CHY-SI-ZIP   |   |
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| CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 164 Describe continued in Section 110 OZ/ZIVI Florida Statuto Liturature continued in Section 110 OZ/ZIVI Florida Statuto Cont |   |

red nereby cernity that the information supplied with this thing does not quality 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 free and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

941/314-9858.