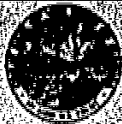


**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000074422 (5)

1. Corporation Name

AGAPE NURSING SERVICES, INC.

Principal Place of Business

13879 S.W. 101ST LANE
MIAMI FL 33186

Mailing Address

13879 S.W. 101ST LANE
MIAMI FL 33186

FILED

95 AUG 10 AM 11:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/22/1993** 3a. Date of Last Report **08/08/1994**

4. FEI Number **65-0449696** 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 **725 S.E. Cavern Ave** 26 **725 S.E. Cavern Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **—** 27 **—**
City & State City & State
23 **Port St. Lucie** 28 **Port St. Lucie**
Zip Country Zip Country
24 **34983** 25 **St. Lucie** 29 **34983** 30 **St. Lucie**

9. Name and Address of Current Registered Agent

MYERS-SMITH, JAYCINTH
13879 S.W. 101ST LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **JaycintH Myers-Bachmann**
82 Street Address (P.O. Box Number is Not Acceptable) **725 S.E. Cavern Ave.**
83 **—**
84 City **Port St. Lucie** FL 85 Zip Code **34983**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MYERS-SMITH, JAYCINTH
STREET ADDRESS	13879 S.W. 101ST LANE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	D
NAME	BACHMANN, DANIEL
STREET ADDRESS	13879 S.W. 101ST LANE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	JaycintH Myers-Bachmann	
1.3 STREET ADDRESS	725 S.E. Cavern Ave	
1.4 CITY - ST - ZIP	Port St. Lucie, FL 34983	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Daniel Bachmann	
2.3 STREET ADDRESS	725 S.E. Cavern Ave.	
2.4 CITY - ST - ZIP	Port St. Lucie, FL 34983	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 in an amendment with an address.

SIGNATURE:

Daniel Bachmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96
DATE

107-340-0992
TELEPHONE #

CR2E034 (3/95)