PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P93000074422 (5)

FILED
95 AUG 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
AGAPE NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
13879 S.W. 101ST LANE MIAMI FL 33186	13879 S.W. 101ST LANE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business
21: 725 S.E. Cavern Ave
22 Suite, Apt. #, etc.: —
23 City & State: Port St. Lucie
24 Zip: 34983
25 Country: St. Lucie

2a. Mailing Address
26: 725 S.E. Cavern Ave
27 Suite, Apt. #, etc.: —
28 City & State: Port St. Lucie
29 Zip: 34983
30 Country: St Lucie

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	MYERS-SMITH, JAYCINTH	1.2 NAME	Jaycinth Myers-Bachmann	
STREET ADDRESS	13879 S.W. 101ST LANE	1.3 STREET ADDRESS	725 S.E. Cavern Ave	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Port St. Lucie, Fl 34983	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BACHMANN, DANIEL	2.2 NAME	Daniel Bachmann	
STREET ADDRESS	13879 S.W. 101ST LANE	2.3 STREET ADDRESS	725 SE Cavern Ave.	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Port St Lucie, Fl 34983	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: Daniel Bachmann 8/2/96 407-340-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000561Y CP