


FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																												
DOCUMENT # P93000074422 (5)																																																														
1. Corporation Name AGAPE NURSING SERVICES, INC.																																																														
Principal Place of Business 402 SW EYERLY AVE PORT ST LUCIE FL 34983 US	Mailing Address 402 SW EYERLY AVE PORT ST LUCIE FL 34983 US																																																													
2. Principal Place of Business 21 201 SW Port St Lucie Blvd Suite, Apt. #, etc. 22 10B Ste City & State 23 Port St Lucie FL Zip Country 24 34984 25 St Lucie	2a. Mailing Address Suite, Apt. #, etc. 27 Ste 10B City & State 28 Port St Lucie FL Zip Country 29 34984 30 St Lucie																																																													
9. Name and Address of Current Registered Agent BACHMANN, JAYCINTH 402 S W EYERLY AVE PORT ST LUCIE FL 34983																																																														
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																																																														
SIGNATURE _____ <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)</small>																																																														
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[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1993

4. FEI Number 65-0449696	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MYERS-SMITH, JAYCINTH	1.2 NAME	
STREET ADDRESS	725 SE CAVERN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BACHMANN, DANIEL	2.2 NAME	
STREET ADDRESS	725 SE CAVERN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address.

CR2E034 (10/97)