FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 APR 27 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076972

1. Corporation Name

R.E.A.L. NURSING SERVICES, INC. (Reliable Efficient Available Leaders)

Principal Place of Business
10700 Caribbean Blvd.
PH 14
Miami, Florida 33189

Mailing Address
10700 Caribbean Blvd.
PH 14
Miami, Florida 33189

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: Nov. 1, 1993
3a. Date of Last Report: 1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0451410 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

Lois E. Nesbitt
10700 Caribbean Blvd.
PH 14
Miami, Florida 33189

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 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: Lois E. Nesbitt — 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when notarized) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	[ ] Change [ ] Addition
NAME	Lois E. Nesbitt	1.2 NAME	800001470538
STREET ADDRESS	14510 SW 160 Terrace	1.3 STREET ADDRESS	-05/02/95--01035--022
CITY ST ZIP	Miami, Florida 33177	1.4 CITY ST ZIP	****208.75 ****208.75
TITLE		2.1 TITLE	D [ ] Change [X] Addition
NAME		2.2 NAME	Joseph Nesbitt
STREET ADDRESS		2.3 STREET ADDRESS	14510 SW 160 Terrace
CITY ST ZIP		2.4 CITY ST ZIP	Miami, Florida 33177
TITLE		3.1 TITLE	D [ ] Change [X] Addition
NAME		3.2 NAME	Peter Nesbitt
STREET ADDRESS		3.3 STREET ADDRESS	14510 SW 160 Terrace
CITY ST ZIP		3.4 CITY ST ZIP	Miami, Florida 33177
TITLE		4.1 TITLE	D [ ] Change [X] Addition
NAME		4.2 NAME	Samir G. Jerez
STREET ADDRESS		4.3 STREET ADDRESS	10700 Caribbean Blvd. PH 14
CITY ST ZIP		4.4 CITY ST ZIP	Miami, Florida 33189
TITLE		5.1 TITLE	D [ ] Change [X] Addition
NAME		5.2 NAME	Frances Jerez
STREET ADDRESS		5.3 STREET ADDRESS	10700 Caribbean Blvd. PH 14
CITY ST ZIP		5.4 CITY ST ZIP	Miami, Florida 33189
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	TAW 4/27/95

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)(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 on an attachment with an address.

SIGNATURE: Lois E. Nesbitt — LOIS E. NESBITT — President — 4/10/95 — 305-235-5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #