

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 13 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084218 (5)**

1. Corporation Name:

**M & F NURSING SERVICES, INC.**

Principal Place of Business:

13195 S.W. 20TH TERRACE  
MIAMI FL 33175

Main(s) Address:

13195 S.W. 20TH TERRACE  
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **12/09/1993** 3a. Date of Last Report: **05/27/1994**

4. FFI Number: **65-0454955** Applied For:  Not Applied For:

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 is liable for estate tax under 2013 Florida Statutes:  Yes  No

21. Principal Place of Business:	26. Mailing Address:
22. State: <input type="checkbox"/>	27. State: <input type="checkbox"/>
23. City & State:	28. City & State:
24. <input type="checkbox"/>	29. <input type="checkbox"/>
25. <input type="checkbox"/>	30. <input type="checkbox"/>

**9. Name and Address of Current Registered Agent**

**NODARSE, MINERVA  
13195 S.W. 20TH TERRACE  
MIAMI FL 33175**

**10. Name and Address of New Registered Agent**

81. Name:	85. Zip Code:
82. Street Address (P.O. Box Number is Not Acceptable):	<b>FL</b>
83. City:	

11. Pursuant to the provisions of Sections 202(2) and 215(4) 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 in a board of directors meeting or by the agreement of its president or person named with and accepted the appointment of Section 202(2)(5)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
NAME	<b>D NODARSE, MINERVA 13195 S.W. 20TH TERRACE MIAMI FL 33175</b>
STREET ADDRESS	
CITY & STATE	
NAME	<b>D NODARSE, FRANK 13195 S.W. 20TH TERRACE MIAMI FL 33175</b>
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL INFORMATION	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

14. This filer hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 215(4)(a) Florida Statutes. I further certify that the information was filed on this annual report or supplementary annual report as true and accurate and that my signature shall have the same legal effect as if it were made by the filer and is not a clerical error. In the event of the receipt of further filings, I warrant to comply with the requirements of Chapter 601, Florida Statutes, and that my name appears in Block 1 or Block 2 of a filing, or on an attachment with an address.

SIGNATURE: *Minerva Nodarse* **MINERVA NODARSE** 5-13-95 553-3926 (305)

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FLORIDA DEPARTMENT OF STATE  
Sandra H. Morhart  
Secretary of State  
1995

APPROVED  
AND  
FILED

DOCUMENT # **P93000084236 (7)**

MAY 10 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**KEITH J. BRADSHAW INSURANCE AGENCY, INC.**

Principal Office Address	Mail Stop Address
12892 BISCAYNE BLVD NORTH MIAMI FL 33181 US	P.O. BOX 610248 NORTH MIAMI FL 33261 US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reincorporation)		3a. Date of Last Report	
12/03/1993		04/04/1994	
4. FIC Number		Applied For	
65-0459573		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Director Campaign Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
7. This Corporation has liability for intangible tax under S. 196(3), Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRADSHAW, KEITH J 19175 SABLE LAKE DR. BOCA RATON FL 33434				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 190.01(1) and 190.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as registered agent for the State of Florida. This 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 Sections 190.01(1)(b), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADVERTISING AND PUBLIC RELATIONS OFFICERS	
NAME	DPSC BRADSHAW, KEITH J 19175 SABLE LAKE DR. BOCA RATON FL	NAME	DPSC Bradshaw, Keith J.
STREET ADDRESS		STREET ADDRESS	21706 WESSEX WAY
CITY		CITY	BOCA RATON, FL 33486-8621
STATE		STATE	
ZIP		ZIP	
PHONE		PHONE	
ADDITIONAL INFORMATION		ADDITIONAL INFORMATION	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
PHONE		PHONE	
ADDITIONAL INFORMATION		ADDITIONAL INFORMATION	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
PHONE		PHONE	
ADDITIONAL INFORMATION		ADDITIONAL INFORMATION	

14. I hereby certify that the information reported on this form is voluntarily furnished and is true and correct for the corporation submitted in compliance with the Florida Statutes. I further certify that the information submitted on this form is not being supplied to any other person or entity and that my signature shall have the same legal effect as if it were written with my own hand. I am familiar with and accept the obligations of Sections 190.01(1)(b), Florida Statutes.

SIGNATURE: Keith Bradshaw  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 705-495-4351