## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P93000084218** M & F NURSING SERVICES, INC. Principal Place of Business Mailing Address 13195 S.W. 20TH TERRACE 13195 S.W. 20TH TERRACE MIAMIL FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0454955 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NODARSE, MINERVA Street Address (P.O. Box Number is Not Acceptable) 13195 S.W. 20TH TERRACE MIAMI, FL 33175 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n Change Addition TITLE TITLE Delete NODARSE, MINERVA NAME NAME STREET ADDRESS STREET ADDRESS 13195 S.W. 20TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 TITLE Change Addition TITLE ☐ Delete NODARSE, FRANK NAME NAME STREET ADDRESS 13195 S.W. 20TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delele TITLE ☐ Change Addition TILE NAME NAME STREET ADDRESS STREET ASDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change noitibbA 🔲 NAM: NAME STREET ADDRESS STREET ADDRESS CITY-5T-ZIP DITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP 12. I horeby 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 report or supplierrental 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 10 or Block 11 if changed, or on an anachment with an address, with all other like empowered. SIGNATURE! CER OR DIRECTOR Deytime Phone #

FILED