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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:42

DOCUMENT # P94000031918 (3)

1. Corporation Name
DIAL A NURSE, INC.

Principal Place of Business	Mailing Address
1100 SOROLIA AVE. CORAL GABLES FL 33134	1100 SOROLIA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5200 SW 8 St.	26 5200 SW 8 St.
Suite, Apt. #, etc. 22 Suite 113	Suite, Apt. #, etc. 27 Suite 113
City & State 23 Coral Gables, Fl.	City & State 28 Coral Gables, Fl.
Zip / Country 24 33134 / 25 Dade	Zip / Country 29 33134 / 30 Dade

4. FEI Number: 65-054 34 19 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CABRERA, BEATRIZ
1100 SOROLLA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DANIEL A. MARES
82 Street Address (P.O. Box Number is Not Acceptable): 601 SW 57 Avenue
83: Suite E
84 City: Miami FL 85 Zip Code: 33144

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: DANIEL A. MARES / Vice President — DATE: 2/6/95
(Signature, typed or printed name and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	CABRERA, BEATRIZ	12 NAME	Vice President
STREET ADDRESS	1100 SOROLLA AVE.	13 STREET ADDRESS	Mares, Daniel A.
CITY-ST-ZIP	CORAL GABLES FL 33134-	14 CITY-ST-ZIP	601 SW 57 Ave, Suite E Miami, FL 33144
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 or added on an attachment with an asterisk.

SIGNATURE: Beatriz Cabrera — Beatriz Cabrera PRESIDENT — 2/6/95 — (305) 569-0023
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0140700 CP