

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000059524 (6)**

1. Corporation Name
NIGHTINGALE HEALTH SERVICES-USA, INC.



Principal Place of Business: **290 BELVILLE BLVD NAPLES FL 33942**
 Mailing Address: **290 BELVILLE BLVD NAPLES FL 33942**

3. Date Incorporated or Qualified: **06/11/1994**
 3a. Date of Last Report: **11/27/1995**
 4. FEI Number: **65-0517430**
 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

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

9. Name and Address of Current Registered Agent
**WILSON, MARCIA H
 290 BELVILLE BLVD
 NAPLES FL 33942**

10. Name and Address of New Registered Agent
 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: **D** DELETE
 NAME: **WILSON, MARCIA H**
 STREET ADDRESS: **%290 BELVILLE BLVD**
 CITY-ST-ZIP: **NAPLES FL 33942**
 TITLE: **D** DELETE
 NAME: **WILSON, MICHAEL C**
 STREET ADDRESS: **%290 BELVILLE BLVD**
 CITY-ST-ZIP: **NAPLES FL 33942**
 TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME: _____
 1.3 STREET ADDRESS: _____
 1.4 CITY-ST-ZIP: _____
 2.1 TITLE: Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____
 3.1 TITLE: Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____
 4.1 TITLE: Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____
 5.1 TITLE: Change Addition
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-ST-ZIP: _____
 6.1 TITLE: Change Addition
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 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)(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: *Michael C. Wilson* **MICHAEL C. WILSON** Director 1/23/96 941-774-0188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)