FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059783 (8)**

1. Corporation Name
ADVANCED NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
110 STATE RD. 419 SUITE 104 WINTER SPRINGS FL 32708	110 STATE RD. 419 SUITE 104 WINTER SPRINGS FL 32708

2. Principal Place of Business	2a. Mailing Address
21 100 STATE RD 419	26 100 STATE Rd 419
Suite, Apt. #, etc. 22 Suite 260	Suite, Apt. #, etc. 27 Suite 260
City & State 23 Winter Springs, FL.	City & State 28 Winter Springs, FL.
Zip / Country 24 32708 / 25 Seminole	Zip / Country 29 32708 / 30 Seminole

3. Date Incorporated or Qualified: **08/11/1994**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **59-3264151** ☐ 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

TURK, DALE J
110 STATE RD. 419
SUITE 104
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: CAROL S. PAGAN
82 Street Address (P.O. Box Numbers Not Acceptable): 100 STATE Rd 419
83 Suite 260
84 City: Winter Springs FL 85 Zip Code: 32708

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: Carol S. Pagan, Pres. DATE: 4/20/96
Signature, type or print name of registered agent (Date Required)
(NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		
TITLE	PT	☐ DELETE
NAME	PAGAN, CAROL S.	
STREET ADDRESS	882 COMMONWEALTH CT.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VS	☐ DELETE
NAME	TURK, DALE C.	
STREET ADDRESS	733 SYBILWOOD	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Carol S. Pagan Pres. 4/20/96 407-327-4948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #