

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

100 STATE RD. 419  
260  
WINTER SPRINGS FL 32708  
US

100 STATE RD. 419  
260  
WINTER SPRINGS FL 32708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1511 Seminola Blvd.

Suite, Apt. #, etc.

22 #17

City & State

23 Casselberry, FL

Zip

24 32707

Country

25 Seminola

2a. Mailing Address

26 1511 Seminola Blvd

Suite, Apt. #, etc.

27 #17

City & State

28 Casselberry, FL

Zip

29 32707

Country

30 Seminola

9. Name and Address of Current Registered Agent

CAROL S. PAGAN  
100 STATE RD. 419  
SUITE 260  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

Carol S. Pagan

82 Street Address (P.O. Box Number is Not Acceptable)

1511 Seminola Blvd, #17

83

84 City

Casselberry,

FL

85 Zip Code

32707

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

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 ☒ 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 hereby 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 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.

CP2E034 (10/97)