

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 # **P95000031390 (4)**

1. Corporation Name

NURSING AND ANCILLARY SERVICES, INC.



Principal Place of Business

**100 CYPRESS CREEK ROAD
TRADE CENTRE SOUTH #930
FT. LAUDERDALE FL 33309**

Mailing Address

**100 CYPRESS CREEK ROAD
TRADE CENTRE SOUTH #930
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**RIZZO, MARY A
100 WEST CYPRESS ROAD
SUITE 930
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature of the person that is registered agent for the time being

Signature of Registered Agent required when reappointing

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY-STATE-ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY-STATE-ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY-STATE-ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY-STATE-ZIP
12.20 TITLE

**D
COOPER, GARY
100 W. CYPRESS CREEK RD. #930
FT. LAUDERDALE FL 33309**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

**D
LAUSIER, CRAIG
100 W. Cypress Creek Rd. #930
Ft. Lauderdale, Fl. 33309**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**60000117-6488
-02/28/96--01050--009
***200.00**

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. 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 I am not, or in an attachment with an address.

SIGNATURE:

CRAIG LAUSIER

1-19-96

(954) 771-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MON/PHONE #

2-27-96 SC