

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

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031390(4)
1. Corporation Name
NURSING AND ANCILLARY SERVICES, Inc.
D/B/A EXTRA CARE

Principal Place of Business Mailing Address
4120 SABAL LAKES RD 4120 SABAL LAKES RD
DELRAY BEACH, FL DELRAY BEACH, FL
33445-1219 33445-1219

2. Principal Place of Business 2a. Mailing Address
21 4120 SABAL LAKES RD 26 4120 SABAL LAKES RD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 DELRAY BEACH, FL 28 DELRAY BEACH, FL
Zip Country Zip Country
24 33445 25 US 29 33445 30 US

3. Date Incorporated or Qualified 3a. Date of Last Report
4/21/95
4. FEI Number Applied For
65-0574798 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 10. Name and Address of New Registered Agent
CRAIG LAUSIER
4120 SABAL LAKES RD
DELRAY BEACH, FL
33445-1219
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 607.1505, Florida Statutes.
SIGNATURE CRAIG LAUSIER 8-22-97
Signature typed or printed below registered agent's signature and date (NOTE: Registered Agent's signature required when reconstituting.) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P ☐ DELETE
NAME CRAIG LAUSIER
STREET ADDRESS 4120 SABAL LAKES RD
CITY-ST-ZIP DELRAY BEACH, FL 33445-1219
400002283894-6
-09/03/97-01056-009
****165.00 ****165.00
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 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.
SIGNATURE: CRAIG LAUSIER 8-9-97 56-496-6654
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

②

DIVISION OF CORPORATIONS,
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32303-1500

NURSING AND ANCILLARY SERVICES, INC. Doc # P95000031390
D/B/A EXTRA CARE
4120 SABAL LAKES ROAD
DELRAY BEACH, FL 33445-1219
FEI # 65-0574789

JULY 26, 1997

To Whom It May Concern,

Please see C/C of 1996 Annual Report. Due to an address change and registered agent change I have not received the initial request for filling of the 1997 FOR PROFIT CORPORATION ANNUAL REPORT.

Enclosed please find my check in the amount of \$165.00 intended as the fee for such. Either send the packet concerning the above named corporation to the corrected address for completion or accept this letter with the appropriate changes.

RE: NURSING AND ANCILLARY SERVICES, INC.
D/B/A EXTRA CARE

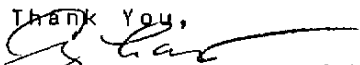
Change principal place of business to:
4120 SABAL LAKES ROAD
DELRAY BEACH, FL 33445-1219

Change mailing address to:
4120 SABAL LAKES ROAD
DELRAY BEACH, FL 33445-1219

Change REGISTERED AGENT
to:
CRAIG LAUSIER
4120 SABAL LAKES ROAD
DELRAY BEACH, FL 33445-1219

from:
Rizzo, Mary A
100 WEST CYPRESS ROAD
SUITE 930
Ft Lauderdale, FL 33309

Also please note that CRAIG LAUSIER is the only OFFICER AND DIRECTOR.

Thank You,

Craig Lausier

phone -
561-496-6654