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. Mortham
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 DELRAY BEACH, FL 33445-1219	4120 SABAL LAKES RD DELRAY BEACH, FL 33445-1219

3. Date Incorporated or Qualified: 4/21/95
3a. Date of Last Report:

2. Principal Place of Business
21 4120 SABAL LAKES RD
Suite, Apt. #, etc. 22
City & State 23 DELRAY BEACH, FL
Zip 24 33445 Country 25 US

2a. Mailing Address
26 4120 SABAL LAKES RD
Suite, Apt. #, etc. 27
City & State 28 DELRAY BEACH, FL
Zip 29 33445 Country 30 US

4. FEI Number: 65-0574798 ☐ 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

CRAIG LAUSIER
4120 SABAL LAKES RD
DELRAY BEACH, FL
33445-1219

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 CRAIG LAUSIER 8-22-97
Signature type or print name of registered agent and provide capacity (NOTE: The registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAIG LAUSIER	1.2 NAME	400002283894--5
STREET ADDRESS	4120 SABAL LAKES RD	1.3 STREET ADDRESS	-09/03/97--01056--009
CITY-ST-ZIP	DELRAY BEACH, FL 33445-1219	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8-22-97

CR2E034 (9/96)

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 8-9-97 561-496-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(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 Wom 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 OFICER AND DIRECTOR.

Thank You,
Craig Lausier

Phone -
561-496-6654