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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90086 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034240

1. Corporation Name
INNOVATIVE NURSING MANAGEMENT, INC.



Principal Place of Business
**340 NORTH MAITLAND AVENUE
MAITLAND FL 32751**

Mailing Address
**340 NORTH MAITLAND AVENUE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **499 E. CENTRAL PKWY**

Suite, Apt. #, etc.

22 **100**

City & State

23 **ALTAMONTE SPRINGS**

Zip

24 **32701-3449**

Country

25 **SEMINOLE**

2a. Mailing Address

26 **499 E. CENTRAL PKWY**

Suite, Apt. #, etc.

27 **STE #100**

City & State

28 **ALTAMONTE SPRINGS**

Zip

29 **32701-3449**

Country

30 **SEMINOLE**

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

59-3317205

Applied For
☐ No 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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LIEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **VOLOSIN, KAREN J**
STREET ADDRESS **1104 NEEDLEWOOD LOOP**
CITY-STATE-ZIP **OVIEDO FL 32765**

TITLE **SD** ☐ DELETE
NAME **VOLOSIN, DOUGLAS D**
STREET ADDRESS **1104 NEEDLEWOOD LOOP**
CITY-STATE-ZIP **OVIEDO FL 32765**

TITLE **V** ☒ DELETE
NAME **DEMARZO, CHARLES**
STREET ADDRESS **340 NORTH MAITLAND AVENUE**
CITY-STATE-ZIP **MAITLAND FL 32751**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with a letter like empowered.

SIGNATURE: **DOUGLAS D. VOLOSIN** VICE PRESIDENT

4/20/99

407 647 4895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0075551