


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000058237	
1. Entity Name LINHYL NURSING SERVICES, INC.	

Principal Place of Business 4775 NW 6 ST. PLANTATION, FL 33317	Mailing Address 4775 NW 6 ST. PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



05172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0600345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCARTHY, HYITON
4775 NW 6 STREET
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, LINDA I 4775 NW 6 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MCCARTHY, HYLTON 4775 NW 6 STREET PLANTATION, FL 33317
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05/23/05-80004-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda McCarthy (Signature and Typed or Printed Name of Signing Officer or Director) Date: 5-17-05 Daytime Phone #: 954 797-8129