

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000086712 (3)

1. Corporation Name

DEPENDABLE NURSES - DISTRICT 6, INC.



Principal Place of Business

4601 W KENNEDY BLVD  
SUITE 308  
TAMPA FL 33609

Mailing Address

4601 W KENNEDY BLVD  
SUITE 308  
TAMPA FL 33609

3. Date Incorporated or Qualified  
11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

4. FEI Number

59-3349454

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

10. Name and Address of New Registered Agent

REUSSNAB, MARSHALL G  
4601 W KENNEDY BLVD  
SUITE 308  
TAMPA FL 33609

81 Name

NEMETHY, SONA

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

12550 5TH ST. EAST

83

84 City

TREASURE ISLAND FL

85 Zip Code

33706

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

*Sona Nemethy*

ADMINISTRATOR  
SONA NEMETHY

11/19/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D NAME NEMETHY, SONA  
STREET ADDRESS 12550 5TH AVE E  
CITY-ST-ZIP TREASURE ISLAND FL 33706  
TITLE D NAME NEMETHY, MIKE  
STREET ADDRESS 12550 5TH AVE E  
CITY-ST-ZIP TREASURE ISLAND FL 33706  
TITLE D NAME DEFOE, P. LYNN  
STREET ADDRESS 4601 W KENNEDY BLVD SUITE 308  
CITY-ST-ZIP TAMPA FL 33609  
TITLE D NAME BARNES, DONNA  
STREET ADDRESS 4601 W KENNEDY BLVD SUITE 308  
CITY-ST-ZIP TAMPA FL 33609  
TITLE D NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE D NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D  
1.2 NAME NEMETHY, SONA  
1.3 STREET ADDRESS 12550 5TH STREET EAST  
1.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706  
2.1 TITLE D  
2.2 NAME NEMETHY, MIKE  
2.3 STREET ADDRESS 12550 5TH STREET EAST  
2.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 700001744117  
4.4 CITY-ST-ZIP -03/15/96--01021--014  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP \*\*\*200.00  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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. 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:

*Sona Nemethy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONA NEMETHY 11/19/96 (813) 289-3778

Date

Daytime Phone #

CR2E034 (12/95)