
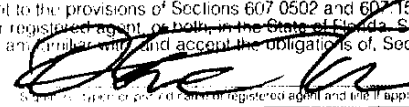
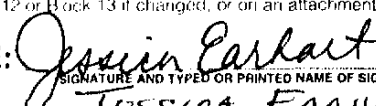


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #P95000097785 1. Corporation Name HART NURSING SERVICES, INC.					
Principal Place of Business C/O JESSICA EARHART 10757 CLEARY BLVD, APT 102 PLANTATION, FL. 33324			Mailing Address SAME		
2. Principal Place of Business 21 10757 CLEARY BLVD Suite, Apt. #, etc. 22 APT 102 City & State 23 PLANTATION, FL. Zip 24 33324		2a. Mailing Address 25 10757 CLEARY BLVD Suite, Apt. #, etc. 27 APT 102 City & State 28 PLANTATION, FL. Zip 29 33324 Country 25 BROWARD 30 BROWARD		3. Date Incorporated or Qualified DECEMBER 22, 1995 3a. Date of Last Report 4. FEI Number 65-0631326 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent OTHEL TURNER & CO. 5787 W SUNRISE, BLVD PLANTATION, FL. 33313			10. Name and Address of New Registered Agent 81 Name OTHEL TURNER & CO. 82 Street Address (P.O. Box Number is Not Acceptable) 5787 W SUNRISE BLVD 83 84 City PLANTATION, FL 85 Zip Code 33313		
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:  DATE: 4-28-97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 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 stated 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.			000002178690 -05/14/97--01098--042 ***165.00		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JESSICA EARHART			President 4/28/97 (954) 452-8318		

CR2E034 (9/96)