	FEE AFTER MAY 1ST	IS \$550.00		
PROFIT CORPORATION		PARTMENT OF STATE	May 06 19	
ANNUAL REPORT 1998	Secr	etary of State	Secretary of State	
	6000052093 (7			
RELIANCE NURSING SERV	•			
incipal Place of Business	Mailing Address			L MAND MANY RANA IRIAN AND IRA
9165 NE JACKSONVILLE RD P O BOX 608 ANTHONY FL 32617 ANTHONY FL 32617-0608				
IS			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
Principal Place of Business	2a. Mailing Address		06/19/1996 4. FEI Number	Applied
	26		59-3407342	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. ⊭, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	
	s of Current Registered Agent	81 Name	10. Name and Address of New Register	
1938 SW 7TH PLACE O CALA FL 34474 -		83	Address (P.O. Box Number is Not Acceptable)	
		84 City	-	85 Zip Code
Pursuant to the provisions of Section	oc 607.0602 and 607.1609. Elevide Str		F	— .
Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and acception	ns 607.0502 and 607.1508, Florida Sta n the State of Florida, Such change w at the obligations of, Section 607.0505,	atutes, the above-riamed as authorized by the cor , Florida Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	— .
agent. I am familiar with, and accep	of the obligations of, Section 607.0505,	atutes, the above-named as authorized by the corp , Floricia Statutes.	corporation submits this statement for the purposi- poration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I am familiar with, and accep SNATURE Signature, typed or printed name of OFF	t the obligations of, Section 607.0505, registered agent and late if applicable (I ICERS AND DIRECTORS	, Florida Statutes. NOTE: Registered Agent signature 13.	corporation submits this statement for the purposi- poration's board of directors. I hereby accept the a	e of changing its registered appointment as registered ND DIRECTORS IN 12
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