

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 030 ***150.00

DOCUMENT # P96000052093

1. Entity Name

Reliance Nursing Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9 Silver Run

Suite, Apt. #, etc.

3. Mailing Address

Same as Pl of Business

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Zip

34472

Country

USA

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Vivian Brannan - Jean

Street Address (P.O. Box Number is Not Acceptable)
2198 NE 35th Street

City Ocala, Florida

FL

Zip Code 34479

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE President
NAME Josephine B. Griffin
STREET ADDRESS 9 Silver Run
CITY-ST-ZIP Ocala, FL 34472

TITLE Director
NAME Anna E. Griffin
STREET ADDRESS 32 Emerald Court
CITY-ST-ZIP Ocala, FL 34472

TITLE Director
NAME Allison E. Griffin
STREET ADDRESS 9 Silver Run
CITY-ST-ZIP Ocala, FL 34472

TITLE Director
NAME Vivian Brannan - Jean
STREET ADDRESS 2198 NE 35th Street
CITY-ST-ZIP Ocala, FL 34479

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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vivian Brannan - Jean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

(352) 687-1922

Daytime Phone #

CR2E034B (12/01)