

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90158 045 ***150.00

DOCUMENT # P96000052093

1. Entity Name

RELANCE NURSING SERVICE, INC.



Principal Place of Business

9 SILVER RUN
OCALA FL 34472
US

Mailing Address

9 SILVER RUN
OCALA FL 34472
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3407342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANNAN, VIVIAN J
2198 NE 35TH STREET
OCALA FL 34479

Deceased

Name *Josephine B Griffin*

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

9 Silver Run

Ocala

City

FL

Zip Code
34472

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 *Griffin, Josephine B - President*

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

Josephine B Griffin

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GRIFFIN, JOSEPHINE B
STREET ADDRESS 9 SILVER RUN
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRIFFIN, ANNA E
STREET ADDRESS 32 EMERALD CT.
CITY-ST-ZIP Ocala FL 34472

TITLE D ☒ Change ☐ Addition
NAME *Dewese, Anna E*
STREET ADDRESS *32 Emerald Court*
CITY-ST-ZIP *Ocala, FL 34472*

TITLE D ☒ Delete
NAME BRANNAN, VIVIAN J
STREET ADDRESS 2198 NE 35TH CT
CITY-ST-ZIP Ocala FL 34479

TITLE D ☐ Change ☒ Addition
NAME *Sean T. Laffoon Griffin*
STREET ADDRESS *18 Cedar Circle*
CITY-ST-ZIP *Ocala FL 34472*

TITLE D ☐ Delete
NAME GRIFFIN, ALLISON E
STREET ADDRESS 9 SILVER RUN.
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: *Josephine B Griffin* - *Josephine B Griffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05 *352-687-1922*

Date

Daytime Phone #