

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

FILED

Feb 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 # P96000068383 (4)

1. Corporation Name
NURSING SOLUTIONS, INC.

Principal Place of Business
3941 PRAIRIE DUNE DRIVE
SARASOTA FL 34238

Mailing Address
7140 BENEVA ROAD SOUTH
SARASOTA FL 34238-2804



3. Date Incorporated or Qualified 08/14/1996
3a. Date of Last Report

2. Principal Place of Business 21 7140 BENEVA RD
2a. Mailing Address 26 7140 BENEVA RD
4. FEI Number 65-0688221
Applied For Not Applicable

22 SUITE B
27 SUITE B
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 SARASOTA, FL
28 SARASOTA, FL
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34238 25 SARASOTA 29 34238 30 SARASOTA
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMISON, JAMES E
1810 MAIN STREET
SUITE 1100
SARASOTA FL 34238

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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

(NOTE Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, MICHAEL E	1.2 NAME	
STREET ADDRESS	3941 PRAIRIE DUNE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34238	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, MARY	2.2 NAME	ENDY, ALICE
STREET ADDRESS	3648 JACINTO COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDY, ALICE	3.2 NAME	SIMMONS, MARY
STREET ADDRESS	1938 HIBISCUS ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: Michael E. Kelsey

1/21/97 944-944-7775

CR2E034 (9/96)