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May 05 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 # P96000075949 (3)

1. Corporation Name

~~ALL CARE NURSING SERVICES, INC.~~

Quality Nursing, Inc.

N/C 2/21/97

Principal Place of Business

945 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

Mailing Address

945 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308-3110

3. Date Incorporated or Qualified

09/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 961 West Commercial Blvd

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale, FL

24 Zip

25 Country

26 33309

27 Suite 110W

28 City & State

29 Williams Island FL

30 Zip

31 Country

32 33160

33 Dade

34 Name and Address of Current Registered Agent

35 GREEN, MITCHELL F

36 4000 HOLLYWOOD BLVD. STE 485 SOUTH

37 HOLLYWOOD FL

38 33021

39 Name and Address of New Registered Agent

40 81 Name

41 82 Street Address (P.O. Box Number is Not Acceptable)

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43 84 City

44 FL

45 85 Zip Code

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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 office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GREEN, MITCHELL F
STREET ADDRESS 4000 HOLLYWOOD BLVD. STE 485 SOUTH
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0268393

CR2E034 (9/96)