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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600079444

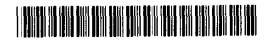
1. Corporation Name

NURSES LOVING HEARTS, INC.

Principal Place of Business	Mailing Address
945 7TH STREET NORTHWEST	945 7TH STREET NORTHWEST
LARGO FL 34640	Largo fl. 34540

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90267 030 ***150.00



74 m	72-74		DO NOT WRITE IN THIS SPACE					
33770	33770		3. Date Incorporated or Qualifed 09/23/1996					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For				
m	26		65-0723957	Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State		6. Electic n Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country		Country	This corporation owes the current year li Personal Property Tax.	ntangible ∭Yes ☐No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
STAINES, FROILAN 945 7TH STREET NORTHWEST		81 Name 82 Street Add	dress (P.O. Bo); Number is Not Acceptable)					
LARGO FL 34640		83						

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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if at	pplicable. (NOTE: R	egistered Agent signature re	q iired when reinst	ating)		DATE		
12.	OFFICERS AND DIRECTORS 13.		13.	ADI	OITION	S/CHANG	SES TO OFFICERS AN	D DIRECTO	₹S IN 12
TITLE	P	☐ DELETE	1.1 TITLE					X Change	Addition
NAME	STAINES, FROILAN		1.2 NAME						
STREET ADDRESS	12092 71 WAY NORTH #WEST		1.3 STREET ADDRESS	12092	71	WAY	NORTHWEST		
CITY-ST-ZIP	LARGO FL 33773		1.4 CITY-ST-ZIP					· ,, · · · - · · - · · - · · - · · · · ·	
TITLE	VP	☐ DELETE	2.1 TITLE						☐ Addition
NAME	STAINES, LUZ		2.2 NAME						
STREET ADDRESS	12092 71 WAY NORTH #WEST		2.3 STREET ADDRESS	12092	71	WAY	NORTHWEST		
CITY-ST-ZIP	LARGO FL 33773		2 4 CITY-ST-ZIP					 	
TITLE		☐ DELETE	3 1 TITLE					Change	Addition
NAME			32 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	Aff. Ab. A Ab. Land and Land and Land ability of the Ab. Land ability of the A		64 CITY-ST-ZIP	S. Braker 44	0.07/0	vo Fi	CLEAR TERM	if, that the le	armotion

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 annual report or supplemental annual report is state and that my significant 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 empowers no stressly this report as featured by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other than the state of the corporation of the corporation

SIGNATURE:

FROILAN STAINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TORDIRECTOR

Zip Code

85