

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016832 (2)

1. Corporation Name

NURSE CONSULTANCY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1402 MAYBURY DRIVE
HOLIDAY FL 34691

1402 MAYBURY DRIVE
HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

59-3427421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 2121 N.E. COACHMAN ROAD

Suite, Apt. #, etc.

22 2

City & State

23 CLEARWATER, FL

Zip

24 33765

Country

25 U.S.A.

2a. Mailing Address

26 2121 N.E. COACHMAN ROAD

Suite, Apt. #, etc.

27 SUITE #2

City & State

28 CLEARWATER, FL

Zip

29 33765

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LAFERRIERE, CHRISTINE
1402 MAYBURY DRIVE
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

TEENA MCCULLOUGH

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

2121 N.E. COACHMAN ROAD

83

SUITE #2

84

CLEARWATER

FL

85 Zip Code

33765

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 *Teena McCullough*

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

TEENA McCullough

(NOTE: Registered Agent signature required when reinstating)

3-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LAURA FUENTEVEILLA

STREET ADDRESS 1404 SPRING LANE #2

CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ DELETE

NAME CHRISTINE LAFERRIERE

STREET ADDRESS 1402 MAYBURY DRIVE

CITY-ST-ZIP HOLIDAY, FLORIDA 34691

TITLE ☐ DELETE

NAME ANDREA BLANCHETTE

STREET ADDRESS 3347 ATLANTIS DRIVE

CITY-ST-ZIP HOLIDAY, FLORIDA 34691

TITLE ☐ DELETE

NAME TEENA MCCULLOUGH

STREET ADDRESS 2121 N.E. COACHMAN ROAD

CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ☐ DELETE

NAME TEENA MCCULLOUGH

STREET ADDRESS 1175 FAIRWAY DRIVE

CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *Teena McCullough* TEENA McCullough 3/1/98 813-412-9844

CR2E034 (10/97)