

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90001 002 ***150.00

DOCUMENT # P97000016832

1. Corporation Name

NURSE CONSULTANCY OF FLORIDA, INC.

Principal Place of Business

**2121 NE COACHMAN RD
SUITE 2
CLEARWATER FL 33765
US**

Mailing Address

**2121 NE COACHMAN RD
SUITE 2
CLEARWATER FL 33765
US**

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1175 Fairway Dr

2a. Mailing Address

26 1175 Fairway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Dunedin FL

City & State

28 Dunedin FL

Zip

24 34698

Country

25 US

Zip

29 34698

Country

30 US

9. Name and Address of Current Registered Agent

**MCCULLOUGH, TEENA
2121 NE COACHMAN RD
SUITE 2
CLEARWATER FL 33765**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
S	FUENTEVILLA, LAURA	1404 SPRING LANE SUITE 2	CLEARWATER FL 33755	<input checked="" type="checkbox"/>
P	LAFERRIER, CHRISTINE	1402 MAYBURY DR	HOLIDAY FL 34691	<input checked="" type="checkbox"/>
V	BLANCHETTE, ANDREA	3347 ATLANTIS DR	HOLIDAY FL 34691	<input checked="" type="checkbox"/>
T	MCCULLOUGH, TEENA	1175 FAIRWAY DR	DUNEDIN FL 34698	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

Teena McCullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 727-434-4598
Date Daytime Phone #

CR2E034 (11/98)