

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

FILED  
Jun 17 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 # P97000033964 (2)

1. Corporation Name

FLORIDA NURSING NETWORK, INC.

Principal Place of Business

5609 U.S. HIGHWAY 19  
SUITE J  
NEW PORT RICHEY FL 34652

Mailing Address

5609 U.S. HIGHWAY 19  
SUITE J  
NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1997	
21. 10014 N. Dale Mabry	26. 10014 N. Dale Mabry	4. FEI Number 59-3483158		Applied For Not Applicable	
22. # 18	27. Suite 18	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Tampa FL	28. Tampa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33618	25. Pinellas	29. 33618		30. Pinellas	
b. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEWEERD, HENRY 5609 U.S. HIGHWAY 19 SUITE J NEW PORT RICHEY FL 34652				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

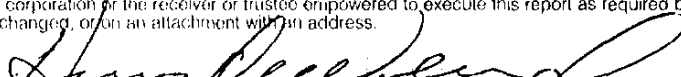
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	EBERLE, LAWRENCE	1.2 NAME	Willodene DeWeerd
STREET ADDRESS	6765 COPPERFIELD DRIVE	1.3 STREET ADDRESS	10014 N. Dale Mabry, Suite 18
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	1.4 CITY - ST - ZIP	TAMPA, FL 33618
TITLE	D	2.1 TITLE	
NAME	DEWEERD, HENRY	2.2 NAME	
STREET ADDRESS	9821 NICKLAUS DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:



CR2E034 (10/97)