

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90073 046 ***158.75

DOCUMENT # P97000073108

1. Entity Name
RS NURSING SERVICES INC.

Principal Place of Business
2121 PONCE DE LEON BLVD., STE 721
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., STE 721
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0778844**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, RANDY L
13275 SW 147 STREET
MIAMI FL 33186

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|-----------------------|-----------------------|---------------------------------|-----------------------|---------------------------------|-----------------------------------|
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | | NAME | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | STREET ADDRESS | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

Daytime Phone #

CR2E034 (9/01)