

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
73-2000  
Reinstatement  
DOCUMENT # P97000086807  
1. Corporation Name  
Town & Country Nursing Services Inc



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 APR 27 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2311 10th Ave North # 11  
Lake Worth FL 33461

REINSTATEMENT 98-00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Date Incorporated or Qualified  
OCT 6 1997  
4. FEI Number  
65-0788057  
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.  
Yes No

9. Name and Address of Current Registered Agent  
Tony Arencibia CPA  
PO Box 3042  
Palm Beach FL 33480

10. Name and Address of New Registered Agent  
81 Name  
Donna Bertinelli  
82 Street Address (P.O. Box Number is Not Acceptable)  
2311 10th Ave North  
83 # 11  
84 City  
Lake Worth  
85 Zip Code  
33461

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 Donna Bertinelli, president  
Signature, typed or printed name of registered agent and title if applicable.  
(NOTE: Registered Agent signature required when reinstating)  
DATE 3-27-2000

12. OFFICERS AND DIRECTORS  
TITLE President  
NAME DONNA Bertinelli  
STREET ADDRESS 2311 10th Ave North #11  
CITY-ST-ZIP LAKE WORTH FL 33461  
[Delete fields follow]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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: Donna Bertinelli, president  
Date 3/27/2000  
Daytime Phone # 561-533-9663

CR2E034 (5/99)