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
99 SEP 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000032885**

1. Corporation Name
WORKING NURSES INC.

Principal Place of Business	Mailing Address
6920 N.W. 34TH STREET MARGATE FL 33063-8043	6920 N.W. 34TH STREET MARGATE FL 33063-8043

04/21/99 01003 009 $165.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6920 N. W 34TH ST	2a. Mailing Address 26 6920 N. W 34TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MARGATE FL	City & State 28 MARGATE FL
Zip / Country 24 33063 25	Zip / Country 29 33063 30 USA

3. Date Incorporated or Qualified
04/08/1998

4. FEI Number — ☒ 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

9. Name and Address of Current Registered Agent

PORTER, CLAUDETTE
6920 N.W. 34TH STREET
MARGATE FL 33063-8043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City N/A FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, CLAUDETTE		1.2 NAME		
STREET ADDRESS	6920 N.W. 34TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063-8043		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, JANET		2.2 NAME		
STREET ADDRESS	6920 N.W. 34TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063-8043		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, CLAUDETTE		3.2 NAME		
STREET ADDRESS	6920 N.W. 34TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063-8043		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Claudette Porter CLAUDETTE PORTER 9/1/99 954-796-7128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #