

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90115 044 ***150.00

DOCUMENT # **P98000040404**

1. Corporation Name

A NEIGHBORHOOD NURSING SERVICE, INC.

Principal Place of Business

**26217 RAMPART BOULEVARD
UNIT B
PORT CHARLOTTE FL 33983**

Mailing Address

**26217 RAMPART BOULEVARD
UNIT B
PORT CHARLOTTE FL 33983**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1998

4. FEI Number

63-0821751

Applied For

Not Applicable

5. Certificate of Status Desired ☐ []**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐ Trust Fund Contribution**\$5.00** May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

9. Name and Address of Current Registered Agent

**PAUL, JERRY S
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81 Name

Block, Valerie J

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

26217 Rampart Boulevard

83 Unit B

84 City

Punta Gorda**FL**

85 Zip Code

33983

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

Valerie J Block
Signature, typed or printed name of registered agent and title is applicable

Valerie J Block
NOTE: Registered Agent Signature required when reappointing

3-15-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BLOCK, VALERIE J**
STREET ADDRESS **23262 BURLINGAME AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33980**

TITLE **D** ☐ DELETE

NAME **KLEE, DEBORAH A**
STREET ADDRESS **2324 MAURITANIA ROAD**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE ☐ Change ☐ Addition

1-2 NAME

1-3 STREET ADDRESS

1-4 CITY-ST-ZIP

2-1 TITLE ☐ Change ☐ Addition

2-2 NAME

2-3 STREET ADDRESS

2-4 CITY-ST-ZIP

3-1 TITLE ☐ Change ☐ Addition

3-2 NAME

3-3 STREET ADDRESS

3-4 CITY-ST-ZIP

4-1 TITLE ☐ Change ☐ Addition

4-2 NAME

4-3 STREET ADDRESS

4-4 CITY-ST-ZIP

5-1 TITLE ☐ Change ☐ Addition

5-2 NAME

5-3 STREET ADDRESS

5-4 CITY-ST-ZIP

6-1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Valerie J Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valerie J Block
DATE

3-15-99
Filing Fee

CR2E034 (11/98)