

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90124 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000064275**

1. Corporation Name

LS NURSING ENTERPRISES, INC.



Principal Place of Business 543 SPRINGDALE CIRCLE PALM SPRINGS FL 33461	Mailing Address 543 SPRINGDALE CIRCLE PALM SPRINGS FL 33461
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2840 South Ocean Blvd Suite, Apt. #, etc. 22 508 City & State 23 Palm Beach, FL Zip 24 33480		2a. Mailing Address 26 2840 South Ocean Blvd Suite, Apt. #, etc. 27 508 City & State 28 Palm Beach FL Zip 29 33480		3. Date Incorporated or Qualified 07/22/1998	
		4. FEI Number 65-0851922		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Schwartz, Lisa B 543 SPRINGDALE CIRCLE PALM SPRINGS FL 33461		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2840 South Ocean Blvd #508 83 City Palm Beach, FL 85 Zip Code 33480	
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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	<input type="checkbox"/> DELETE	1.1 TITLE Schwartz, Lisa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schwartz, Lisa B		1.2 NAME 2840 South Ocean Blvd #508	
STREET ADDRESS 543 SPRINGDALE CIRCLE		1.3 STREET ADDRESS Palm Beach, FL 33480	
CITY-ST-ZIP PALM SPRINGS FL 33461		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

561-586-5804