

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000070925**
 1. Entity Name **Advance Nurse Caring Centers, INC**

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90484 032 ***150.00

00056919

Principal Place of Business	Mailing Address
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2. Principal Place of Business 830 Florida Avenue Suite, Apt. #, etc.	3. Mailing Address 830 Florida Avenue Suite, Apt. #, etc.
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City & State Lynn Haven, FL Zip 32444 Country USA	City & State Lynn Haven, FL Zip 32444 Country USA
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4. FEI Number 59-3527142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
	Name Christine Sweetser
	Street Address (P.O. Box Number is Not Acceptable) 830 Florida Avenue
	City Lynn Haven FL Zip Code 32444

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 **Christine Sweetser** DATE **27 Apr 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Christine Sweetser		NAME	
STREET ADDRESS 830 Florida Avenue		STREET ADDRESS	
CITY-ST-ZIP Lynn Haven, FL 32444		CITY-ST-ZIP	
TITLE CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Martha Verfurth		NAME	
STREET ADDRESS 830 Florida Avenue		STREET ADDRESS	
CITY-ST-ZIP Lynn Haven Florida 32444		CITY-ST-ZIP	
TITLE	<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	<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	<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	

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 **Christine Sweetser** **Christine Sweetser** 4/27/00 850/271-2621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)