

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000072546  
Entity Name Professional Nursing Service, Inc.

FILED  
May 13, 2000 8:00 am  
Secretary of State  
05-13-2000 90012 005 \*\*\*150.00

Principal Place of Business 466 Dempster St  
Jacksonville, Florida 32209  
Mailing Address Same

843452

Principal Place of Business 3110 Perry Street  
Suite, Apt. #, etc.  
3. Mailing Address PO Box 77210  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Jacksonville Florida  
Zip 32206 Country USA  
City & State Jacksonville Florida  
Zip 32226 Country USA

4. FEI Number 59-3610462  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Grayling E. Brannon Esq  
1536 N. Jefferson Street  
Jacksonville, Florida 32208

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒  
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. ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2739 West Girard		STREET ADDRESS		
CITY-ST-ZIP	Philadelphia		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: Jason McCrane Jason McCrane 4/15/2000 215-873-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)