

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000104814**1. Entity Name  
AMERICAN NURSING SERVICES HOME HEALTH CARE, INC.Principal Place of Business  
904 HYACINTH DRIVE  
DELRAY BEACH FL 33483Mailing Address  
904 HYACINTH DRIVE  
DELRAY BEACH FL 334832. Principal Place of Business  
2929 E. COMMERCIAL BLVD.3. Mailing Address  
2929 E. COMMERCIAL BLVD.Suite, Apt. #, etc.  
SUITE 503Suite, Apt. #, etc.  
SUITE 503City & State  
FT. LAUDERDALE FLCity & State  
FT. LAUDERDALE FLZip  
33308Country  
USZip  
33308Country  
US4. FEI Number  
65-1060529Applied For  
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE FL  
323012525 US

## 7. Name and Address of New Registered Agent

Name

KORF JOHN E

Street Address (P.O. Box Number is Not Acceptable)  
2929 E. COMMERCIAL BLVD.

SUITE 306

City  
FT. LAUDERDALE

FL

Zip Code  
33308

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 **JOHN E. KORF**

02/05/2001

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, 2001 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

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			<input type="checkbox"/> Delete
	METZ JOHN D	904 HYACINTH DRIVE	DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	GREEN MATTHEW H	2929 E. COMMERCIAL BLVD. #503	FT. LAUDERDALE FL 33308		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GUTHRIE WILLIAM	2929 E. COMMERCIAL BLVD. # 306	FT. LAUDERDALE FL 33308		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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: **William Guthrie**

P/D

02/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)