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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

THE NURSES REGISTRY, INC.

May	18	1998	8:00am
Sec	ret	ary of	f State

Principal Place of Business Mailing Address					T CENTRAL SIDIL SOUND SISE NAME	O 113 GIG14 GIG31 GIG11 GIG11 GIG11 GIG11 GIG11		
		2660 AIRPORT ROAD SC NAPLES FL 33962				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 01/25/1991	1		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0244460	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	28	T Co	. Len s	Trust Fund Contribution	Added to Fees		
24	25	Zip [29]	Cour	itry	8. This corporation owes or has property Tax due Jur	** ***		
24]	9. Name and Address of Currer		130]		10. Name and Address of New F			
RR	OWN, THOMAS R.			B1 Name				
2660 AIRPORT ROAD SOUTH			-	92 Stroot	Address (D.O. Roy Number is Not Assest	abla)		
NAPLES FL 33962				82 Street Address (P.O. Box Number is Not Acceptable)				
			Ī	83				
				94 City		85 Zip Code		
						FL		
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Flo rida Stat ul e of Florida Such ch ange wa s	tes, the ab authorized	ove-named by the co	d corporation submits this statement for the reporation's board of directors. Thereby acc	purpose of changing its registered cept the appointment as registered		
agent. I a	m ifam iliar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statu	tes.	rporation's board of directors. I hereby acc			
SIGNATURE	Signature typed or printed name of registered age	and production devades the Alfa	I - Department	Annut nineat	re required when reinstating)	DATE		
12,	the second contract of	ID DIRECTORS	13.	Agent signator	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·		
TITLE	Ō	DELETE	1.1 101	.E		Change Addition		
NAME	GAMBLE, DELORES		1.2 NA	AE.				
STREET ADDRESS	C/O 350 7TH ST. N		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33940		1.4 CIT	r-St-ZIP	<u> </u>			
TITLE	PD	☐ DELETE	2.1 TITE	E		Change Addition		
NAME	CRONE, WILLIAM G.		2.2 NAM	AE .				
STREET ADDRESS	\$50 7TH STREET NORTH		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	NAPLES FL	T OF LETT		Y-S1-71P				
TITLE	TD	☐ DELETE	3.1 TITU			Change Addition		
NAME	Morton, Edward A. 350 7th Street North		32 NAM					
STREET ADDRESS	NAPLES FL		1	EET ADDRESS				
CITY-ST-ZIP TITLE	D	X DELETE	4.1 TITL	Y-ST-ZIP	D	Change X Addition		
NAME	SNAPP, WILLIAM R	26.	4. 2 NA		Myers, Richard C.			
STREET ADDRESS	350 7TH STREET NORTH			eet address	"			
CITY-ST-ZIP	NAPLES FL 33940			r-ST-ZiP	Naples, FL 34102			
TITLE	\$0	DELETE	5.1 7(1)		THE PARTY OF THE P	☐ Change ☐ Addition		
NAME	COX, JOE		5.2 NAM	Æ				
STREET ADDRESS	350 7TH STREET NORTH		5.3 STR	EET ADDRESS				
CITY-ST-ZIP	NAPLES FL		5.4 CIT	(-ST-ZIP				
TITLE	ČD	☐ DELETE	6.1 TITL	E		Change Addition		
NAME	HOWARD, H E		6.2 NAA					
STREET ADDRESS	350 7TH ST N		6.3 STR	EET ADDRESS				
DUEV OF SID	READILY LI		■ A 4 A1T.	. 67 700	1			

14. Thereby 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 regiever 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 a fatherment with an address.