

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 041 ***150.00

DOCUMENT # S27335

1. Corporation Name

THE NURSES REGISTRY, INC.

Principal Place of Business
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

Mailing Address
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1991

4. FEI Number

65-0244460

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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
NAME GAMBLE, DELORES
STREET ADDRESS C/O 350 7TH ST. N
CITY-ST-ZIP NAPLES FL 33940

1 DELETE

1.1 TITLE CD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE PD
NAME CRONE, WILLIAM G.
STREET ADDRESS 350 7TH STREET NORTH
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MORTON, EDWARD A.
STREET ADDRESS 350 7TH STREET NORTH
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE S/T/D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME MYERS, R C
STREET ADDRESS 350 7TH STREET NORTH
CITY-ST-ZIP NAPLES FL 33940

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME COX, JOE
STREET ADDRESS 350 7TH STREET NORTH
CITY-ST-ZIP NAPLES FL

☒ DELETE

5.1 TITLE AS/D
5.2 NAME Pobletts, Cynthia
5.3 STREET ADDRESS 350 7th Street No
5.4 CITY-ST-ZIP Naples FL 34102

☐ Change ☒ Addition

TITLE CD
NAME HOWARD, H E
STREET ADDRESS 350 7TH ST N
CITY-ST-ZIP NAPLES FL

DELETE

6.1 TITLE D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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)

0463824

537873-40841-41
S27335

**1999-2000 Board of Directors
The Nurses Registry, Inc.**

Preston, Ernest R., Jr.
350 7th Street No.
Naples, FL 34102
Director