

**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

FILED

18 APR 24 AM 11: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **V16120** (0)

1. Corporation Name  
**COMPLETE NURSING SERVICE, INC.**

Principal Place of Business Mailing Address  
**11936 S.W. 8 STREET MIAMI FL 33184 US** **11936 S.W. 8 STREET MIAMI FL 33184 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/24/1992**

4. FEI Number **65-0367280** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **11180 West Flagler St** 26 **11180 West Flagler St**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **15** 27 **15**  
City & State City & State  
23 **Miami, FL** 28 **Miami, FL**  
Zip Country Zip Country  
24 **33174** 25 Country 29 **33174** 30 Country

9. Name and Address of Current Registered Agent  
**TOYOS, LISSETTE  
4841 S.W. 147 PLACE  
MIAMI FL 33185**

10. Name and Address of New Registered Agent  
81 Name **David Marko, Esq.**  
82 Street Address (P.O. Box Number Not Acceptable) **2 South Biscayne Blvd., One Biscayne Tower**  
83 **Suite 2600**  
84 City **Miami** FL 85 Zip Code **33131**

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 *David E. Marko* **David E. Marko, Esq** **4/23/98**  
Signature typed or printed name of registered agent as of date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOYOS, LISSETTE</b>	
STREET ADDRESS	<b>4841 S.W. 147 PLACE2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CPD CATALINA KUHAMA</b>
1.3 STREET ADDRESS	<b>4905 NW 199 ST #51</b>
1.4 CITY-ST-ZIP	<b>DADE COUNTY FL 33027</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>500002502635--7</b>
3.4 CITY-ST-ZIP	<b>-04/28/98--01054--014</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>****150.00 ****150.00</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **4/24/98**

CR2E034 (10/97)