SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V44872** **(2)**

1. Corporation Name
NURSING CONSULTS, INC.

Principal Place of Business
230 WOODLAKE CIRCLE
DEERFIELD BEACH FL 33442
US

Mailing Address
230 WOODLAKE CIRCLE
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21 11714 PLEASANT RIDGE DR.
Suite, Apt. #, etc.
22 # 405
City & State
23 LITTLE ROCK, ARK
Zip 24 72212
Country 25 USA

2a. Mailing Address
26 11714 PLEASANT RIDGE DR.
Suite, Apt. #, etc.
27 #405
City & State
28 LITTLE ROCK, ARK
Zip 29 72212
Country 30 USA

4. FEI Number: 59-3129263 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GALLO, GERALDINE
230 WOODLAKE CIRCLE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent
81 Name: BENJAMIN ANTHONY FOLEY
82 Street Address (P.O. Box Number is Not Acceptable): 13024 WHISPER SOUND DR.
83
84 City: TAMPA FL 85 Zip Code: 33624

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: BENJAMIN ANTHONY FOLEY — Benjamin Anthony Foley — 6/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GALLO, GERALDINE	
STREET ADDRESS	230 WOODLAKE CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	GALLO, GERALDINE	
13 STREET ADDRESS	11714 PLEASANT RIDGE DR., #405	
14 CITY-ST-ZIP	LITTLE ROCK, ARK 72212	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	800001884576	☐ Change ☐ Addition
62 NAME	-07/05/96--01020--037	
63 STREET ADDRESS	***225.00	
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geraldine B. Gallo — 6/24/96 — 1-5012230545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #