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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
11714 PLEASANT RIDGE DR.
#405
LITTLE ROCK AR 72212
US

Mailing Address
11714 PLEASANT RIDGE DR.
#405
LITTLE ROCK AR 72212-2300
US



2. Principal Place of Business

21 7040 BONAVENTURE DR
Suite, Apt. #, etc.

22 City & State
TAMPA, FLORIDA

23 Zip Country
33607 HUSBOROUGH

2a. Mailing Address

26 7040 BONAVENTURE DR
Suite, Apt. #, etc.

27 City & State
TAMPA, FLORIDA

28 Zip Country
33607 HUSBOROUGH

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
07/03/1996

4. FEI Number

59-3128263

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

FOLEY, BENJAMIN A
13024 WHISPER SOUND DR.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

GERALDINE GALLO

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

7040 BONAVENTURE DR

83

84 City

TAMPA

FL

85 Zip Code

33607

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: Geraldine M. Gallo

(GERALDINE M. GALLO)

03-01-97

Signature typed in print of new or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GALLO, GERALDINE
STREET ADDRESS 11714 PLEASANT RIDGE DR. #405
CITY-ST-ZIP LITTLE ROCK AK 72212

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7040 BONAVENTURE DR.
TAMPA, FL 33607

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: Geraldine M. Gallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/6/97 Daytime Phone # 1-813-2075099

CR2E034 (9/96)