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

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DOCUMENT	Ħ	V448	1/

1. Corporation Name

NURSING CONSULTS, INC.

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90009 015 ***150.00



Principal Place of Business		Mailing Address				***************************************			
230 WOODLAKE CIR DEERFIELD BEACH FL 33442 230 WOODLAKE CIR DEERFIELD BEACH FL 33442			-	DO NO	T WRITE IN THI	S SDACE			
US		U\$			<u> </u>	3. Date Incorporated or Qu		3 SPACE	
					1	06/17/1992			
2. Principal Place of Business		2a. Mailing Address			4	, FEI Number	· . · · .	App	lied For
21 9144 PICO	T COURT		OT	COURT	-	59-3129263	, .	\$8.75 Ac	Applicable
Suite, Apt. #, etc.	EACH, FL	Suite, Apt. #, etc.	BEX	CH, F	2 5	5. Certificate of Status Des	ired 🗆	Fee Req	
City & State	7	City & State		1	6	Election Campaign Final	ncing	\$5.00 A	-
23 33 43 7		28 33437				Trust Fund Contribution		Added to	Fees
Zip	Country VSA	Zip	Cour	USA	8	 This corporation owes to Personal Property Tax. 	ie current year li		No
24 25	d Address of Current R	,	30	<i>U - U 1</i>	10	Name and Address of	New Registere		
5, Name an	Addition of Current to	egistored Algeria		81 Name					
GERALDINE GALL	0					ALDINE GA			
- 230 WOODLAKE (Street	Address (P.O. Box Number is Not A			
DEERFIELD BEAC	H FL 33442			83					
			-	84 City	1	BOYNTO	N ACH F	85 Zip C	ode 37
SIGNATURE SEL	or both, in the State of F and accept the obligation	forida. Such change was at s of, Section 607.0505, Flor	ithorized ida Statu	tes.	oration s t	board of directors. I hereby	or the purpose of accept the app	of changing its rointment as reg	registered
	rinted name of registered agent and			Agent signature re	required wher		DATE	NID DIDECTOR	20 IN 12
12.	OFFICERS AND D	DIRECTORS DELETE	13.	-	PO	ADDITIONS/CHANGES	O OFFICERS A	Change	Addition
TITLE PD NAME GALLO, GEF	PAI DINE	בן מכנבונ	1.2 NA		GE	TRAVOINE 6	AUD	\	
STREET ADDRESS 230 WOODL			1	REET ADDRESS		14 PICET COL			,
· · · · · · · · · · · · · · · · · · ·	BEACH FL 33442			Y-ST-ZIP	Bo	YNTON BCH	, FZ 3	34 <i>3</i> 7	
TITLE		☐ DELETE	2.1 TIT		~~~			Change	Addition
NAME			2.2 NA	ME			•		
STREET ADDRESS			2.3 ST	REET ADDRESS		,	•		
CITY-ST-ZIP			2. 4 Cl	Y-ST-ZIP					
TITLE		☐ DELETE	3 1 TIT	LE			-21	Change `	☐ Addition [
NAME			3.2 NA	ME	,				
STREET ADDRESS			3.3 STI	REET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP				Change	. Addition
TITLE		☐ DELETE	4.1 TIT					Gridings	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			4. 2 NA	ME REET ADDRESS					
STREET ADDRESS				Y-ST-ZIP			~	• **	•
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT					Change	Addition
NAME		_	5.2 NA						
STREET ADDRESS			5.3 ST1	REET ADDRESS					
CITY-ST-ZIP			54 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE				Change	Addition
NAME			62 NA	ME					
STORET ADDRESS			6.3 ST	REET ADDRESS					

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 an attachment with an address with all other like empowered.

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP