FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ELORIDA DE PARTMENT DE STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State May 01 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # V45468 (8) NURSE CARE STAFFING, INC. Mailing Address Principal Place of Business 837 N.E. 20th Ave. 837 N.E. 20th Ave. Ft. Lauderdale, FL Ft. Lauderdale, FL 3. Date Incorporated or Qualified 3a. Date of Last Report 33304 33304 04/28/1995 406/23/1992 2a. Mailing Address 2. Principal Place of Business Applied For 65-0343403 26 837 N.E. 2oth Avenue 21 837 N.E. 20th Avenue Not Applicable Suite, Apt. #, otc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing City & State \$5.00 May Be Ft. Lauderdale, FL Ft. Lauderdale, FL Trust Fund Contribution Added to Fees Zιρ Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 33304 29 33304 X Yes □ No Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Bradley Danyluk 82 Street Address (P.O. Box Number is Not Acceptable) 837 N.E. 20th Avenue 837 N.E. 20th Ave. 83 Ft. Lauderdale, FL 33304 64 City 33364 11. Pursuant to the provisions of Sections 607,0509 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed han elot objette ed agest and the inapple wife OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change Add tion TILLE 1 1 Tille Danyluk, Bradley NAME 837 N.E. 20th Avenue 1.2 NAME **CR2E034** STREET ADDRESS 1.3 STREET ADDRESS Ft. Lauderdale, FL 33304 1.4 City - \$1 - ZiF CITY - ST - ZIP DELETE Change Addition 2 1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(TY - ST - Z)P DELETE Change Addition TITLE 3 1 T:TLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY ST-ZIP CITY-ST-ZIP 800001807908 -05706/36--01009--020 DELETE ☐ Addition TITLE 4 1 TiTLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS ***200.00 4.4 CITY - ST-7IP CITY - ST ZIP DELETE TITLE 5 1 Infle NAME 5.2 NAMÉ STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TOLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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 607, Florida Statutes; and that my name