FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COMPORATIONS

FILED
May 14 1997 8:00am
Secretary of State

1997

Principal Place of Business

2. Precipal Parci of Business

DOCUMENT # V45468

NURSE CARE STA	FFING,	INC.
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837 N.E. 20th Avenue Ft. Lauderdale, FL 33304

837 N.E. 20th Avenue Ft. Lauderdale, FL 33304

Mailing Address

2a. Mailing Address

3. Date Incorporated or Qualified 06/23/92 34. Date of Last Report 04/28/96
4. FEI Number Applied For Not Applied For Not Applied For

21 837 N.E. 20th Avenue 26 837 N.E. 65-0343403 20th Avenue Not Applicable Suite, Apt. #, etc. Sade Apt n. eta \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Ft. Lauderdale, FL 28 Ft. Lauderdale, FL Trust Fund Contribution Added to Fees Zφ Zip Country 8. This corporation has liability for intangible tax under s.: 199.032, Yes No 25 29 33304 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Bradley Danyluk 82 Street Address (P.O. Box Number is Not Acceptable) 837 N.E. 20th Avenue 837 N.E. 20th Avenue Ft. Lauderdale, FL 33304 83 Zip Code 33304 Ft. 84

Ft. Lauderdale

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 algent, 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. Lam lamil ar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Tall F	D DELETE	1.1 TITLE	Change Addition	
NAME	Bradley Danyluk 837 N.E. 20th Avenue Ft. Lauderdale, FL 33304	1.2 NAME		
Special Applieds		13 STREET ADDRESS		
CITY ST DE		14 CITY-ST-ZIP		
1.00	DELETE	21 TITLE	☐ Change ☐ Addition	
NAM		2.2 NAME		
STREET ANDRESS		2.3 STREET ADDRESS		
DHY 57 70		2 4 CHTY-ST-ZIP		
1.11.5	DELETE	3.1 TITLE	Change Addition	
NaMi		3.2 NAME		
S RELEASORESS		3.3 STREET ADDRESS		
CONTACT OF		3.4. CITY - ST - ZIP		
141 6	DELETE	4.1 TITLE	Change Addition	
NAM		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	•	
(11.4 ST Ve)		4.4 CITY - ST - ZIP		
70.5	☐ DELETE	5.1 TITLE	Change Addilion	
NUV-		5.2 NAME	Do Man	
5 001 E1 450 o 111		53 STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CT+ ST-70°		54 CITY - ST - ZIP	<u> </u>	
11:11:	DELETE	6 1 TITLE	Crange Addition	
MAM:		6.2 NAME	900002189879	
SHOT MUST of		63 STREET ADDRESS	-05/23/9701058041	
(al+ 51-20		6 4 CITY - ST- ZIP	***165.00	

14. For hereby corolly 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 reformation indicated on this annual report or suppliemental 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 official or director of the corporation or the receiver or trustee employee to execute this report as required by Chapter 607. Florida Statutes; and that my name appears to Back 12 or Blood 13 of chapter 6, or on an attagmment with an address.

SIGNATURE:

OF SKINING OFFICER OF DIRECTOR

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