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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V48594

(8)

PRO

oration Name	" 4-000-	
FESSIONAL	NURSES CORPORATION	

FILED May 15 1997 8:00am Secretary of State



	e of Business		M	ailing Address				. I LARDIE MEEDEN MERDE ENTRE HEERE FOLSE MIDT I	Bamari Malkas des		hir bidil iddi
661 BLANDING SUITE 332	BOULEVARD			1 Blanding Boulevi IITE 332	ARD			A A			
ORANGE PARK	FL 32073			RANGE PARK FL 3207	3-5039						
								3. Date Incorporated or Qualified 07/02/1992	3a. Date 04/1	of Last 6/1996	•
2. Principal Pl	lace of Busine	SS Th	2a.	Mailing Address 1744 W・	1/ 1	Th.	-1- 1	4. FEI Number			Applied For
1744		16th Street	26		14 .	3	reet	59-3130396			Not Applicable
Suite, Apt : 2¦	#, etc		27	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional Regulred
City & State			21	City & State				6. Election Campaign Financing			O May Be
- Line	ONVILLE	FL	28	JACKSONVI	uE,	FL		Trust Fund Contribution			d to Fees
Zip		Country		Zip		Country	. 4 1	8. This corporation has liability for in	ntangible t	under	s. 199.032,
3220				32209	30	PM	VAL	1	Yes 🔽		
		nd Address of Current	t Regis	tered Agent				10. Name and Address of New Reg	Istered A	gent	
	istrong, C.					81	Name				
	CAMSHIRE					82	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
JACI	ksonville i	FL 32244				83		***************************************			
						63					
						84	City		CL	85 Zi	p Code
Left Physics and District			0 4 0	207 1500 Elected State	dos the			oration submits this statement for the p	<u> </u>	hassiss	ito registered
	Signature, typical or	profest name of registered agen					t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECT	000 IN 10
2.	DP	OFFICERS AND	J DIRE	DELETE		1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	
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THE PROPERTY OF						4 CITY - ST	. 1				
HV.SL.NP	: JACKSON\	FILLE I L									
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HLF				☐ DELETE	1	1 TITLE 2 NAME				Change	e LJ Addition
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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; 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.