

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V57093 (9)

1. Corporation Name

EAST COAST NURSING INC.

Principal Place of Business

Mailing Address

1325 WHITE DR.
TITUSVILLE FL 32780

1325 WHITE DR.
TITUSVILLE FL 32780

FILED

96 NOV 13 AM 9:02

SECRETARY OF STATE

REINSTATEMENT *96*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

SOWARDS, MICHAEL V
1325 WHITE DR.
TITUSVILLE FL 32780

81 Name

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

83

84 City

FL

85 Zip Code

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

Michael Sowards
Signature of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

11-2-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SOWARDS, DEBORAH	1325 WHITE DR.	TITUSVILLE FL 32780	<input type="checkbox"/>
S	SOWARDS, MICHAEL	1325 WHITE DR.	TITUSVILLE FL 32780	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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11/21/96 01025 025
\$375.00 \$375.00

14. I do hereby certify that the information supplied with this report 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

10-24-96

W. Sowards

CR2E034 (3/96)