

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

**APPROVED  
AND  
FILED**

95 MAR -1 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **G11491** (9)

1. Corporation Name  
**NURSES INCORPORATED**

Principal Place of Business: **9703 RICHMOND AVENUE SUITE 270 HOUSTON TX 77042 US**

Mailing Address: **POST OFFICE BOX 3506 SUITE 270 HOUSTON TX 77253 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/02/1982**

3a. Date of Last Report: **06/29/1994**

4. FEI Number: **59-2239528**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Country

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIENER, JOHN C.
STREET ADDRESS	9703 RICHMOND AVENUE
CITY-ST-ZIP	HOUSTON TX
TITLE	S
NAME	SEAVER, DAVID M.
STREET ADDRESS	9703 RICHMOND AVENUE
CITY-ST-ZIP	HOUSTON TX
TITLE	TASD
NAME	WADE, TERRY R.
STREET ADDRESS	9703 RICHMOND AVENUE
CITY-ST-ZIP	HOUSTON TX
TITLE	AS
NAME	MALLORY, DAVID L.
STREET ADDRESS	17 EXECUTIVE PARK SOUTH #600
CITY-ST-ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Singh, Man Jit	
1.3 STREET ADDRESS	9703 Richmond Avenue	
1.4 CITY-ST-ZIP	Houston, Texas 77042	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wade, Terry R.	
2.3 STREET ADDRESS	9703 Richmond Avenue	
2.4 CITY-ST-ZIP	Houston, Texas 77042	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Somerville, James D.	
3.3 STREET ADDRESS	17 Executive Park South, #600	
3.4 CITY-ST-ZIP	Atlanta, GA 30329	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wade, Terry R.	
4.3 STREET ADDRESS	9703 Richmond	
4.4 CITY-ST-ZIP	Houston, Texas 77042	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 on an attachment with an address.

SIGNATURE: Terry R. Wade Date: 2/10/95 (713) 789-1818

SIGNATURE AND LISTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR