

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

**FILED**  
**97 JUN 11 PM 12:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT **1997**



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

**DOCUMENT # G11491 (9)**  
 1. Corporation Name  
**NURSES INCORPORATED**



Principal Place of Business: **8703 RICHMOND AVENUE SUITE 270 HOUSTON TX 77042 US**

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

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

3a. Date of Last Report: **08/14/1996**

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

9. Name and Address of Current Registered Agent

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

81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and, for if applicable, (PROF) Registered Agent signature required with filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SADLER, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>9703 RICHMOND AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TS</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COOK, VINCENT E.</b>	2.2 NAME	
STREET ADDRESS	<b>9703 RICHMOND AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEEVER, DAVID M.</b>	3.2 NAME	
STREET ADDRESS	<b>9703 RICHMOND AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALLORY, DAVID L.</b>	4.2 NAME	
STREET ADDRESS	<b>17 EXECUTIVE PARK SOUTH, #600</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANT GA</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

200002216382--6  
 -06/18/97--01108--002  
 \*\*\*\*330.00 \*\*\*\*165.00

Director  
**Cook, Vincent E.**  
**9703 Richmond Avenue**  
**Houston, Texas 77042**

14. I do hereby certify 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an addres.

SIGNATURE: Vincent E. Cook 713/789-1818 4/5/97

CR2E034 (9/96)