

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069424

FILED
Mar 08, 2004
Secretary of State

Entity Name: LA NURSE HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

2501 S. SEACREST BLVD
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

2501 S. SEACREST BLVD
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0527542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROZ, JELICA
4840 GLENN PINE LN
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JELICA MAROSAN OROZ,
Address: 4840 GLEN PINE LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V () Delete
Name: OROZ, FILIP
Address: 4840 GLEN PINE LANE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JELICA OROZ

P

03/08/2004

Electronic Signature of Signing Officer or Director

Date