


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90222 027 \*\*\*150.00

<b>DOCUMENT # P94000069424</b>		
1. Entity Name LA NURSE HOME HEALTH CARE SERVICES, INC.		

40084148



Principal Place of Business 2501 S. SEACREST BLVD BOYNTON BEACH, FL 33435 US	Mailing Address 2501 S. SEACREST BLVD BOYNTON BEACH, FL 33435 US
------------------------------------------------------------------------------------	------------------------------------------------------------------------

02262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 100 NE 5th Ave. A-2	3. Mailing Address 100 NE 5th Ave. A-2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Zip 33483
Country	Country

4. FEI Number 65-0527542	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

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

6. Name and Address of Current Registered Agent  OROZ, JELICA 4840 GLENN PINE LN BOYNTON BEACH, FL 33436
----------------------------------------------------------------------------------------------------------------------

7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
----------------------------------------------------------------------------------------------------------------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JELICA MAROSAN OROZ 4840 GLEN PINE LANE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jelica Marosan Oroz 3/1/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #