

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 557565

1. Entity Name
NURSE CARE, INC.



Principal Place of Business
**837 NE 20TH AVE
FT. LAUD, FL 33304 US**

Mailing Address
**837 NE 20TH AVE
FT. LAUD, FL 33304 US**



07132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1783190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANYLUK, BRADLEY
837 NE 20TH AVE
FT. LAUD, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000772932
08/28/07-80009-021 550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEEGER, BARBARA
STREET ADDRESS	444 CORAL WAY
CITY-ST-ZIP	FT LAUDERDALE FL,
TITLE	STP
NAME	DANYLUK, BRADLEY
STREET ADDRESS	837 NE 20TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33304

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

7/16/07

954-463-1100