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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H89541 (7)

1. Corporation Name
DIRECT NURSING CARE SERVICES, INC.



Principal Place of Business

3200 N FEDERAL HWY
STE 106
BOCA RATON FL 33431
US

Mailing Address

3200 N FEDERAL HWY
SUITE 206-7
BOCA RATON FL 33431-6049

3. Date Incorporated or Qualified
12/12/1985

3a. Date of Last Report
05/02/1996

2. Principal Place of Business

21 3200 ND Federal Hwy S-106

2a. Mailing Address

26 Same

4. FEI Number
59-2440238

Applied For
Not Applicable

Suite, Apt #, etc.

22 106

Suite, Apt #, etc.

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

23 Boca Raton

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 FL 33431

Country

25 FL

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

SALKEY, ELAINE
251 N C CLUB BLVD
SUITE 106
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SALKEY, ELAINE
STREET ADDRESS 251 N CO CLUB BLVD
CITY - ST - ZIP BOCA RATON FL 33487

TITLE VP ☐ DELETE
NAME SADDLER, PATRICIA
STREET ADDRESS 212178 AVE
CITY - ST - ZIP MARGATE FL

TITLE ST ☐ DELETE
NAME SALKEY, ELAINE
STREET ADDRESS 251 N CLUB BLVD
CITY - ST - ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/10/96 561-394-0776

CR2E034 (9/96)