

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90170 019 ***158.75

DOCUMENT # H89541

1. Corporation Name

DIRECT NURSING CARE SERVICES, INC.

Principal Place of Business

**3200 N. FEDERAL HWY.
S-106
BOCA RATON FL 33431
US**

Mailing Address

**3200 N. FEDERAL HWY.
S-106
BOCA RATON FL 33431
US**

2. Principal Place of Business

21 3200 NO Federal Hwy

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 S-106

Suite, Apt. #, etc.

27

City & State

23 Boca Raton

City & State

28

Zip

24 FL 33431

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1985

4. FEI Number

59-2440238

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

Elaine Salkey President

3/12/99

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

(NOTE: Registered Agent signature required when reinstating)

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 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, with all other like empowered.

SIGNATURE:

Elaine Salkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

(561) 394-0772

Date

Daytime Phone #

CR2E034 (1/98)