FILED
Mar 10, 2005 08:00
Secretary of Stat

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H89541

1. Entity Name
DIRECT NURSING CARE SERVICES, INC.

Principal Place of Business	Mailing Address
3200 N. FEDERAL HWY. SUITE #106 BOCA RATON, FL 33431 US	3200 N. FEDERAL HWY. SUITE #106 BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE

03082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2440238
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALKEY, ELAINE
20179 OCEAN KEY DR
BOCA RATON, FL 33498

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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] VP Manager 3/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALKEY, ELAINE
STREET ADDRESS	20179 OCEAN KEY DR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VP
NAME	SADDLER, PATRICIA
STREET ADDRESS	212178 AVE
CITY-ST-ZIP	MARGATE, FL
TITLE	ST
NAME	SALKEY, ELAINE
STREET ADDRESS	20179 OCEAN KEY DR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80031-012 158.75

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12. 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 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] 3/8/05 561394-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #