

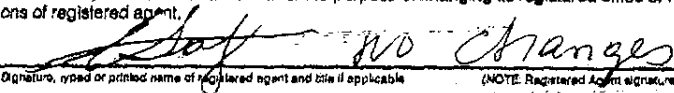
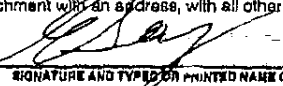
MAR-9-2005 10:18A FROM:

TO: 5613944268

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 3200 N. FEDERAL HWY. SUITE #106 BOCA RATON, FL 33431 US		Mailing Address 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		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:  <i>no changes</i> 3/8/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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		
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 liquidator 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: 		3/8/05 561394-0726 Signature and typed or printed name of signing officer or director Date Daytime Phone #