


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 17, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # H89541</b> 1. Entity Name DIRECT NURSING CARE SERVICES, INC.	
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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
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03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2440238	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000713026 04/26/07-80073-010 163.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALKEY, ELAINE 20179 OCEAN KEY DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SADDLER, PATRICIA 212178 AVE MARGATE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SALKEY, ELAINE 20179 OCEAN KEY DR BOCA RATON, FL 33498
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **4/12/07** 561 394-0776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #