


FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 044 ***163.75

**2008 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

40033001



04152008 - 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

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ Date: 4/18/08 561394-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR