

H 89541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Direct Nursing Care Services, Inc
Name of Corporation

DOCUMENT NUMBER: H89541

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine Salkey
Name of Contact Person

Direct Nursing Care Services,
Firm/Company

Po Box 812723
Address

Boca Raton FL 33481
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Salkey at (561) 394-0776
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Direct Nursing Care Services, Inc.
2. The principal office address: 3200 N. Federal Hwy 5-106
Boca Raton FL 33431
3. The mailing address (if different): PO Box 812723
Boca Raton FL 33431
4. Date of incorporation/qualification: 12/12/1985 Document number: H89541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ELAINE SALKEY
3200 N. Federal Hwy
Suite 106 Boca Raton FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

9045 La Fontana Plaza
Suite 211
Boca Raton FL 33434

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

ELAINE SALKEY
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

1/5/2016
Date

If signing on behalf of an entity:

ELAINE SALKEY
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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