

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90032 031 ***158.75

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



2. Principal Place of Business
3200 N. Federal Hwy

3. Mailing Address
Same

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
Suite 106

City & State
Boca Raton FL

4. FEI Number **59-2440238**

Applied For
Not Applicable

Zip **33431** **Country** **Palm Beach**

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

6. Name and Address of Current Registered Agent

SALKEY, ELAINE
251 N C CLUB BLVD
SUITE 106
BOCA RATON FL 33487

20179 Ocean Key
Boca Raton
FL 33498

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALKEY, ELAINE		NAME	Elaine Salkey	
STREET ADDRESS	251 N CO CLUB BLVD		STREET ADDRESS	20179 Ocean Key Dr	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	Boca Raton FL 33491	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SADDLER, PATRICIA		NAME		
STREET ADDRESS	212178 AVE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALKEY, ELAINE		NAME	Elaine Salkey	
STREET ADDRESS	251 N CLUB BLVD		STREET ADDRESS	20179 Ocean Key Dr	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	Boca Raton FL 33498	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: _____ **1/6/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)