

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000100755

1. Entity Name
PREMIER CARE NURSES OF AMERICA, INC.



Principal Place of Business
**2799 NW BOCA RATON BLVD.
SUITE 204
BOCA RATON, FL 33431 US**

Mailing Address
**2799 NW BOCA RATON BLVD.
SUITE 204
BOCA RATON, FL 33431 US**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOFORTH, MIRJANA
6284 BLAKFOX WAY
TALLAHASSEE, FL 32312**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOFORTH, MIRJANA
STREET ADDRESS	2799 NW 2ND AVE STE 204
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MAND
NAME	GOFORTH, ROBERT J
STREET ADDRESS	9439 BRIDGEPORT DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	S
NAME	GOFORTH, CHRISTIAN E
STREET ADDRESS	9439 BRIDGEPORT DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/08-80012-006 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRJANA GOFORTH
DIR.

4-15-08

Date

561-353-9200

Daytime Phone #