FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050456 (1) BOCA NURSING SERVICES, INC.							
Principal Place of Business 315 SE MIZNER BOULEVARD SUITE 215E BOCA RATON FL 33432 US		Mailing Address 315 SE MIZNER BOULEVARD SUITE 215E BOCA RATON FL 33432-6004 US			Date Incorporated or Qualified		
2. Principal Place of Business		2a, Mailing Address			07/19/1993 4. FEI Number	04/22/1996	applied For
21		26			65-0429943 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & State		City & State				Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	7(p	Country	/	This corporation has fiability for in		
24	25	29	30		Florida Statutes	Yes No	
	g, Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Reg	Istered Agent	
	MOCLIJA, ROSE		81	Name			•
277 NORTH OCEAN BLVD.			82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)	
#103 BOCA RATON FL 33432			83	 			
BUCA RATUN FL 33932				<u> </u>			
			84	City		FL 85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607,1508, Florida Statul e of Florida. Such change was gations of, Section 607,0505, Fl	tes, the abov authorized b orida Statute	c-named c y the corpo s.	orporation submits this statement for the proration's board of directors. I hereby accep	rpose of changing	its registered s registered
SIGNATURE	Signature, typed or printed name of registered as	or at and transfer of speciential (NC)	F : Registered An	ent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	crit aig ta.orc i	ADDITIONS/CHANGES TO OFFICE	i	RS IN 12
TITLE	Р	DELETE	1.1 TITLE			☐ Change	Addition
NAME			1.2 NAME	1			<u></u>
STREET ADDRESS	825 LAKE DRIVE	1.3 STREET ADDRESS		ADDRESS			ŀ
CITY-S1-ZIP	BOCA RATON FL		1.4 C(1) Y -	S1-7IP			
TITLE		LJ DELETE	2.1 1/11.6	-		L Change	☐ Addition
NAME OTDEET ADDRESS			2 2 NAME	ADDOLCO .			
STREET ADDRESS			2 3 STAFFT ADDRESS 2 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		3 1 TITLE	01- £IF		Change	Addition
NAME			3.2 NAME	- 1		_ "	- '
STREET ADDRESS			3 3 STREE	ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY-	S1-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				Į.
STREET ADORESS				ADDRESS			ĺ
CITY-ST-ZIP TITLE		DELETE	4.4 C(1Y+5	S1-2IP		Change	Addition
NAME		בן אנננונ	5.1 TITLE 5.2 NAME			Ghange	LT VOOLUUI
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-\$T-ZIP			5.4 DITY-5				
TITLE		DELETE 6.				☐ Change	Addition
NAME			62 NAME	j		•	
STREET ADDRESS			63 STHEE	ADDRESS			
CITY-ST-ZIP			6.4 CHY- 9	51 - 7IP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if pranged, or on an attachment with an address.