PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050456

BOCA NURSING SERVICES, INC.

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90041 042 ***150.00

•				
Principal Place of Business Mailing Address				I 10011066 11% 10106 11111 00111 00111 00111 01111 01111 01111 0111 0111 0111
342 E PALMETTO PARK RD 342 E PALMETTO PARK RD				
BOCA RATON FL 33432 BOCA RATON FL 33432				· ·
US US				. DO NOT WRITE IN THIS SPACE
•	-			3. Date Incorporated or Qualifed
				07/19/1993
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 21		26		65-0429943 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Security Fee Required
22		27		
City & State		<u> </u>		- 6, Election Campaign Financing - \$5.00 May Be
23		28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Yes \(\subseteq No. \)
24	25	29 30	<u> </u>	Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered Agent
GLAMOCLIJA, ROSE			OF Name	·
342 E PALMETTO PARK RD			82 Street Add	Iress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432			83	
BOOK RATON IL 30402			83	
			84 City	FL 85 Zip Code
				· · · · · · · · · · · · · · · · · · ·
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	-	·		
	Signature, typed or printed name of registered		gistered Agent signature require	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	P	☐ DELETE	1.1 TITLE	_ onlings
NAME	GLAMOCLIJA, ROSE		1.2 NAME	
STREET ADDRESS	825 LAKE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	2.1 TITLE	□ ovaride □ vocarer.
NAME			2.2 NAME	
STREET ADDRESS	·		2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	C Change C Addition
_TMLE		DELETE	3.1 TITLE	_ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP	Dollar Davis
TITLE		☐ DELETE	A.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY CT. ZID	1	i	6.4 CITY-ST-ZIP	

14. hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-16-99