

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

03403

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90041 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000050456					
1. Corporation Name BOCA NURSING SERVICES, INC.					
Principal Place of Business 342 E PALMETTO PARK RD BOCA RATON FL 33432 US			Mailing Address 342 E PALMETTO PARK RD BOCA RATON FL 33432 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0429943	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent GLAMOCLJA, ROSE 342 E PALMETTO PARK RD BOCA RATON FL 33432				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME P GLAMOCLJA, ROSE			1.2 NAME		
STREET ADDRESS 825 LAKE DRIVE			1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL			1.4 CITY-ST-ZIP		
TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE ☐ DELETE			4.1 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-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

Rose Glamoclja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

Daytime Phone #

CR2E034 (1/98)