2005 FOR PROFIT ČÖRPORATION ANNUAL REPORT

DOCUMENT # P93000050456

1. Entity Name BOCA NURSING SERVICES, INC.

Principal Place of Business

Mailing Address

342 E PALMETTO PARK RD BOCA RATON, FL 33432 US

BOCA RATON, FL 33432

SIGNATURE:

the obligations of registered agent.

342 E PALMETTO PARK RD BOCA RATON, FL 33432 US

FILED Jan 20, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 01172005 | No Chg-P | CR2E034 (10/03 |
|----------|----------|----------------|
|----------|----------|----------------|

4. FEI Number Applied For 65-0429943

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GLAMOCLIJA, ROSE 342 E PALMETTO PARK RD

DO NOT WRITE IN THIS SPACE

| SIGNATURE_ | Signature, typed or printed name of registered agent and title it | applicable (NOTE Registered Agent signature | e required when reinstating) | DATE |
|--|--|---|---|--|
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | |
| NAME STREET ADDRESS CITY - ST - ZIP | P GLAMOCLIJA, ROSE 825 LAKE DRIVE BOCA RATON, FL | | | U00000187182 01/24/05-80002-019 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | _ | | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | , , , , , , , , , , , , , , , , , , , |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP | | | | |
| 12. I hereby of indicated of the corchanged. | certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | ling does not qualify for the exemption state and accurate and that my signature shall ha to execute this report as required by Chap other like empowered. | ed in Section 119.07(3), we the same legal effec- oter 607, Florida Statute | (i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if |

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