## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 17, 2006 08:00 AM Secretary of State

DOCUMENT # P93000 1. Entity Name BOCA NURSING SERVICES, I	
Principal Place of Business	Mailing Address
342 E PALMETTO PARK RD BOCA RATON, FL 33432 US	342 E PALMETTO PARK RD BOCA RATON, FL 33432 US
	and the second s



DO NOT WRITE IN THIS SPAC			CE	65-042	D1132006 No Chg-P CR2E034 (11/05)  4. FEI Number			
GLAMOCLIJA, ROSE 342 E PALMETTO PARK RD BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE						
the obligati	named entity submits this statement for the prions of registered agent.  Signature, typed or printed name of registered agent and sittle.  E NOW!!! FEE IS \$150.00  ay 1, 2006 Fee will be \$550.00		3 Agent signature re	Jistered agent, or bo quired when reinstating) \$5.00 May Be Added to Fees	th, in the State of Florid	DATE		
10.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	P GLAMOCLIJA, ROSE 825 LAKE DRIVE BOCA RATON, FL	CTORS			017 (370b=6	0012-00:	1 130.10	
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TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						° व्याः		
12. I hereby of indicated of the corchanged,	certily that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowerer or on an attachment with an address, with all	iling does not qualify for the example and accurate and that my signated to execute this report as required the like empowered.	emptions contained shall have red by Chapte	eined in Chapter 119 the same legal effect r 607, Florida Statute	Florida Statutes. I further than the state of the st	rther certify the h; that I am an appears in Bloc	at the information officer or director k 10 or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAMEDO SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4