2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P93000050456

1. Entity Name

BOCA NURSING SERVICES, INC.



Apr 29, 2003 8:00 am \$ Secretary of State 24-29-2003 90036 004 375 **FILED**

04-29-2003 90036 024 ***150.00

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		3. Mailing Address			1481 08 881 080 01 0		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0429943	Applied For Not Applicable		
Zip	Country	Zip	Country		\$8.75 Add	itional	١
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered A			1
			Name				_
GLAMOCI	JJA, ROSE	···	Street Address	Street Address (P.O. Box Number is Not Acceptable)			
342 E PAI	LMETTO PARK RD		Street Address	s (F.O. Box Number is Not Acceptable)			
BOCA RA	TON FL 33432						
			City	FL	Zip Code)	1
	named entity submits this statement f	for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am fe	amiliar with, a	and accept	
SIGNATURE							
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered Agent signature requir	red when reinstating) DATE			-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.0 (Added	0 May Be to Fees	
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLAMOCLIJA, ROSE 825 LAKE DRIVE BOCA RATON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.00 M	☐ Change	Addition	(40/03)
TITLE NAME STREET ALORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	200
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS	La. Survey	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP