

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000077045**

1. Entity Name  
**GOLDEN ANGEL NURSING SERVICES, INC.**



Principal Place of Business

**863 SE 25TH ST  
OKEECHOBEE, FL 34974 US**

Mailing Address

**863 SE 25TH ST  
OKEECHOBEE, FL 34974 US**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0467141**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILROY, JOHN F  
1435 E. PIEDMONT DRIVE, STE 100  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000781493  
01/15/08-80036-009-150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	BROCATO, MAXCINE
STREET ADDRESS	863 SE 25TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	ST
NAME	BROCATO, MAXCINE
STREET ADDRESS	863 SE 25TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Maxcine Brocato Darville, MAXCINE DARVILLE 1-10-08 863-634-1287**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #