

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000069424 (7)

1. Corporation Name

LA NURSE HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

Mailing Address

75 NE 6TH AVE.
STE. 209-A
DELRAY BEACH FL 33483

75 NE 6TH AVE.
STE. 209-A
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

65-0527542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 75 NE 6th Ave

Suite, Apt. #, etc.

22 200

City & State

23 Delray Beach

Zip

24 33483

Country

25 Palm Bch

2a. Mailing Address

26 75 NE 6th Ave

Suite, Apt. #, etc.

27 200

City & State

28 Delray Bch

Zip

29 33483

Country

30 Palm Bch

9. Name and Address of Current Registered Agent

SABINA ZIMOND-SMEJKAL
9139D SW 20TH ST.
#A
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

Jelica Oroz

82 Street Address (P.O. Box Number is Not Acceptable)

75 NE 6th Ave Suite 200

83

84 City

Delray Bch

FL

85 Zip Code

33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
SMEJKAL, SABINA Z
9139D SW 20TH ST.
BOCA RATON FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
JELICA MAROSAN OROZ
3000 NORWOOD PLACE, APT. N104
BOCA RATON FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Jelica Marosan Oroz 3/16/98 361

CR2E034 (10/97)