

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000104374

1. Entity Name  
HOMECARE NURSE MANAGEMENT SERVICES OF  
FLORIDA, INC.



Principal Place of Business  
1200 BRICKELL AVE, SUITE 1720  
MIAMI, FL 33131

Mailing Address  
3050 UNIVERSAL BLVD  
WESTON, FL 33331



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0969234

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BAUMAN, BRYAN W  
1200 BRICKELL AVE, SUITE 1720  
MIAMI, FL 33131

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JACOBS, GARY  
STREET ADDRESS 3050 UNIVERSAL BLVD, SUITE 150  
CITY-ST-ZIP WESTON, FL 33331

TITLE S  
NAME BAUMAN, BRYAN W  
STREET ADDRESS 1200 BRICKELL AVE STE 1720  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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03/11/05-80031-007 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

Date

954-888-4888

Daytime Phone #