

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H89541

**Entity Name:** DIRECT NURSING CARE SERVICES, INC.

**Current Principal Place of Business:**

9045 LA FONTANA BLVD  
SUITE 211  
BOCA RATON, FL 33434

**Current Mailing Address:**

P.O. BOX 812723  
BOCA RATON, FL 33481 US

**FEI Number:** 59-2440238

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SALKEY, ELAINE  
9045 LAFONTANA PLAZA - STE. 211  
BOCA RATON, FL 33434 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SALKEY, ELAINE  
Address 9045 LA FONTANA BLVD  
SUITE 211  
City-State-Zip: BOCA RATON FL 33434

Title ST  
Name SALKEY, ELAINE  
Address 9045 LAFONTANA BLVD  
SUITE 211  
City-State-Zip: BOCA RATON FL 33434

Title VP  
Name COLLINS, MONIQUE  
Address 9045 LA FONTANA BLVD  
SUITE 211  
City-State-Zip: BOCA RATON FL 33434

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELAINE SALKEY

**PRESIDENT**

**04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date