

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000050456

**FILED  
Jan 12, 2015  
Secretary of State  
CC7045128625**

**Entity Name:** BOCA NURSING SERVICES, INC.

**Current Principal Place of Business:**

342 E PALMETTO PARK RD  
BOCA RATON, FL 33432

**Current Mailing Address:**

342 E PALMETTO PARK RD  
BOCA RATON, FL 33432 US

**FEI Number: 65-0429943**

**Certificate of Status Desired: No**

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

GLAMOCLIJA, ROSE  
342 E PALMETTO PARK RD  
BOCA RATON, FL 33432 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 GLAMOCLIJA, ROSE  
Address 342 E PALMETTO PARK RD  
City-State-Zip: BOCA RATON FL 33432

Title OFFICER  
Name GLAMOCLIJA, MICHAEL  
Address 342 E PALMETTO PARK RD  
City-State-Zip: BOCA RATON FL 33432

Title OFFICER  
Name GLAMOCLIJA, ALEXANDER  
Address 342 E PALMETTO PARK RD  
City-State-Zip: BOCA RATON FL 33432

*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: ROSE GLAMOCLIJA, RN**

**PRESIDENT &  
ADMINISTRATOR**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date