REQUEST FOR PROPOSAL NO.: 07C-006	<u>6B</u>		
Project: RFP To Provide Nursing Service	RFP No.: 07C-006B		
Corporation Name: of Florida, Inc.		Number:	
BENEFICIAL INTEREST A	ND DISCLOSURE OF OWN	ERSHIP AFFIDAVIT	
STATE OF New York	COUNTY OF Nas	sau	
Before me, the undersigned author Representative") this24th day ofAprisubject to the penalties prescribed for perjury, de	$\frac{1}{2}$, 200 $\frac{7}{2}$, who, firs	James T. Watson t being duly sworn, as requ	("Corporate ired by law,
 Corporate Representative has read the contained herein, and states that the facts contained herein. 			s contained
The following is a list of every "person" (children, firms, associates, joint adventures corporations and all other groups and comb entity: (If more space is needed, attach sep	s, partnerships, estates, trusts pinations) holding 5% or more	s, business trusts, syndicates	, fiduciaries,
A. Persons or corporate entities owning 5% or n	nore:	50 Broadway	
All Metro Home Care Services,		Lynbrook, NY 115	100%
Name	Address	Percentage	
Name	Address	Percentage	
Name	Address	Percentage	
B. Persons or corporate entities who hold by pro	oxy the voting power of 5% or 1 50 Broadwa	more:	
All Metro Home Care Services,	Inc. Lynbrook,	NY 11563 100% Percentage	
Name	Address	Percentage	
Name	Address	Percentage	
C. Stock held for others and for whom held:			
Not applicable.			
Name	Address	Percentage	
For Whom Held	Address	Percentage	
Name	Address	Percentage	
For Whom Held	Address	Percentage	
	ву:	TE REPRESENTATIVE 1. Halan	
SWORN TO and subscribed before me this $\underline{24t}$ bay of $\underline{}$ must check applicable box):	April .200 1. Jy	Such person(s).	(Notary Public
I] is/are personally known to me. [X] produced a current drive	er license(s). [] produced	as identification.	
(NOTARY PUBLIC SEAL) JENNIFER CROWE Notary Public, State of New York Notary Public, State of New York	Notan Public Te	sofer Co	l V
Qualified in Queens County Commission Expires April 28, 2007	(Print, Type or Stamp Nar	ne of Notary Public)	

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REQUEST FOR PROPOSAL NO.: 07C- 006B		
Project: RFP To Provide Nursing Services RFP N	lo.: 07C- 006B	
Corporation Name: Just For Kids, Inc.	Tax FEIN Number.	1
BENEFICIAL INTEREST AND DISC	LOSURE OF OWNERSHIP AFFIDAVIT	
STATE OF Florida	COUNTY OF Palm Beach	
Before me, the undersigned authority, personal Representative") this <u>25th</u> day of <u>April</u> subject to the penalties prescribed for perjury, deposes an	, 2007, who, first being duly sworn	inson ("Corporate as required by law,
 Corporate Representative has read the contents of herein, and states that the facts contained herein are 	f this Affidavit, has actual knowledge of true, correct, and complete.	f the facts contained
The following is a list of every "person" (as define children, firms, associates, joint adventures, partner corporations and all other groups and combinations) entity: (If more space is needed, attach separate she	ships, estates, trusts, business trusts, s holding 5% or more of the beneficial int	yndicates, fiduciaries,
A. Persons or corporate entities owning 5% or more:		
Felisa A. Robinson 1920 Embassy	Dr. W.P.B. FL 33401	17%
Kathi E. Deakyne 5466 Stratford		34%
Name Address Stuart R. Russell 1000 N US Highw		Percentage 49%
Name Address	1	Percentage
B. Persons or corporate entities who hold by proxy the vo	oting power of 5% or more:	
Name Address		Percentage
Name Address		Percentage
Name Address		Percentage
C. Stock held for others and for whom held:		
Name Address		Percentage
For Whom Held Address		Percentage
Name Address		Percentage
For Whom Held Address		Percentage
POLYMOUTHEN		
	CORPORATE REPRESENTA	TIVE
	By M J K	
	by. Comba	
SWORN TO and subscribed before me this 25thay of April must check applicable box):	,200_7, by Felisa Robin Se	nperson(s). (Notary Public
[Xis/are personally known to me. [] produced a current driver license(s	s). [] produced as identification.	
(NOTARY PUBLIC SEAL)	541 20	
	The Sense	_
	Notary Public	
grandenessande	Notary Public Stuart R. Russell	
STUART R. RUSSELL Comme DO0311560	Notary Public Stuart R. Russell (Print, Type or Stamp Name of Notary Public)	
STUART R. RUSSELL		

		ATTACHMENT E
REQUEST FOR PROPOSAL NO.: 07C-0	<u>06B</u>	
Project: RFP To Provide Nursing Service		
Corporation Name: Maxim Healthcare Se	rvices, Inc. Tax FEIN Num	
BENEFICIAL INTEREST	AND DISCLOSURE OF OWNERSHIP AFFIDA	VIT
STATE OF Maryland	COUNTY OF Howard	
Before me, the undersigned auth Representative") this <u>13th</u> day of <u>Apri</u> subject to the penalties prescribed for perjury,	ority, personally appeared, <u>Jamie Gianr</u> 11, 200 <u>7</u> , who, first being duly swo deposes and says:	naccini ("Corporate orn, as required by law,
Corporate Representative has read the herein, and states that the facts contained	contents of this Affidavit, has actual knowledged herein are true, correct, and complete.	e of the facts contained
children, firms, associates, joint adventu	' (as defined in Section 1.01(3), Florida Statue res, partnerships, estates, trusts, business trusts mbinations) holding 5% or more of the beneficial eparate sheet)	, syndicates, fiduciaries,
A. Persons or corporate entities owning 5% or		
James Davis, Secretary & Treasurer	7301 Parkway Dr., Hanover, MD 21076	73.6% Percentage
Name Stephen Bisciotti, President	7301 Parkway Dr., Hanover, MD 21076	20%
Name	Address	Percentage
Stockholders	Not Available Address	6 . 4 % Percentage
B. Persons or corporate entities who hold by p		recentage
Not Applicable		
Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage
C. Stock held for others and for whom hel	d:	
Not Applicable		
Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage
SWORN TO and subscribed before me this 23 R day of	CORPORATE REPRESENT By: Come Some Some Some Some Some Some Some S	ATIVE Such person(s). (Notary Public
must check applicable box):	short Beansa(s), M.A. produced, M.A.V. / As as identification	

[] is/are personally known to me. [] produced a current driver license(s). [] produced かみメ/ハ as identification

(NOTARY PUBLIC SEAL)

Rose ANN STEPANEK (Print, Type or Stamp Name of Notary Public)

ROSE ANN STEPANEK NOTARY PUBLIC MD My Connission Expires Dec.1 2018