

REQUEST FOR PROPOSAL NO.: 07C- 006B

Project: RFP To Provide Nursing Services RFP No.: 07C- 006B

All Metro Home Care Services
Corporation Name: of Florida, Inc.

Tax FEIN Number: _____

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF New York COUNTY OF Nassau

Before me, the undersigned authority, personally appeared, James T. Watson, ("Corporate Representative") this 24th day of April, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

All Metro Home Care Services, Inc. 50 Broadway
Lynbrook, NY 11563 100%

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

All Metro Home Care Services, Inc. 50 Broadway
Lynbrook, NY 11563 100%

Name	Address	Percentage

C. Stock held for others and for whom held:

Not applicable.

Name	Address	Percentage
For Whom Held	Address	Percentage
For Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: James T. Watson

James T. Watson

SWORN TO and subscribed before me this 24th day of April, 2007, by James T. Watson. Such person(s). (Notary Public must check applicable box):

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

(NOTARY PUBLIC SEAL)

JENNIFER CROWE
Notary Public, State of New York
No. 01CR6091241
Qualified in Queens County
Commission Expires April 28, 2007

Notary Public

(Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO.: 07C- 006B

Project: **RFP To Provide Nursing Services** RFP No.: **07C- 006B**Corporation Name: Just For Kids, Inc.

Tax FEIN Number: _____

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FloridaCOUNTY OF Palm Beach

Before me, the undersigned authority, personally appeared, Felisa A Robinson ("Corporate Representative") this 25th day of April, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

<u>Felisa A. Robinson</u>	<u>1920 Embassy Dr. W.P.B. FL 33401</u>	<u>17%</u>
Name	Address	Percentage
<u>Kathi E. Deakyne</u>	<u>5466 Stratford Rd. W.P.B. FL 33415</u>	<u>34%</u>
Name	Address	Percentage
<u>Stuart R. Russell</u>	<u>1000 N US Highway 1 Jupiter FL 33477</u>	<u>49%</u>
Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting 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

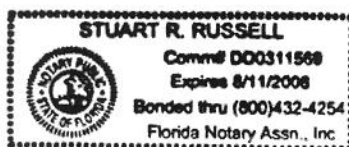
CORPORATE REPRESENTATIVE

By: [Signature]

SWORN TO and subscribed before me this 25th day of April, 2007, by Felisa Robinson person(s). (Notary Public must check applicable box):

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

(NOTARY PUBLIC SEAL)



[Signature]
Notary Public

Stuart R. Russell

(Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO.: 07C- 006B

Project: **RFP To Provide Nursing Services** RFP No.: **07C- 006B**Corporation Name: Maxim Healthcare Services, Inc. Tax FEIN Num: _____**BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT**STATE OF Maryland COUNTY OF Howard

Before me, the undersigned authority, personally appeared, Jamie Giannaccini, ("Corporate Representative") this 13th day of April, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

James Davis, Secretary & Treasurer	7301 Parkway Dr., Hanover, MD 21076	73.6%
Name	Address	Percentage
Stephen Bisciotti, President	7301 Parkway Dr., Hanover, MD 21076	20%
Name	Address	Percentage
Stockholders	Not Available	6.4%
Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Not Applicable

Name	Address	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

CORPORATE REPRESENTATIVEBy: Jamie Giannaccini

SWORN TO and subscribed before me this 23RD day of APRIL, 2007, by JAMIE GIANNACCINI Such person(s). (Notary Public must check applicable box):

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

(NOTARY PUBLIC SEAL)

Rose Ann Stepanek
Notary Public

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

ROSE ANN STEPANEK
NOTARY PUBLIC MD
MY COMMISSION
EXPIRES DEC. 1 2010