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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702559 (6)

1. Corporation Name
ROYCE NURSING FOUNDATION, INC.



Principal Place of Business Mailing Address
1611 NW 12TH AVE 1611 SW 12TH AVE
C/O JMH SCHOOL OF NSG C/O JMH SCHOOL OF NSG
MIAMI FL 33136 MIAMI FL 33129-2517
US US

3. Date Incorporated or Qualified 06/14/1961 3a. Date of Last Report 04/10/1996

2. Principal Place of Business 2a. Mailing Address
21 1500 N.W. 12TH AVE 26 1500 N.W. 12TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SEVEN FLOOR 27 SEVEN FLOOR
City & State City & State
23 MIAMI FLORIDA 28 MIAMI FLORIDA
Zip Country Zip Country
24 DAD 29 30

4. FEI Number 51-0169662 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code
MASS, D. JANE
420 HARDEE ROAD
CORAL GABLES FL 33146

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, JUDY	1.2 NAME	
STREET ADDRESS	12340 SW 99TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASS, JANE D	2.2 NAME	
STREET ADDRESS	420 HARDEE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, NANCY	3.2 NAME	
STREET ADDRESS	15060 EGAN LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, BERNARD	4.2 NAME	
STREET ADDRESS	112 VALENCIA AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKINNON, HAROLD A	5.2 NAME	
STREET ADDRESS	122 D-1 LAKE PINE CR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, JEAN	6.2 NAME	
STREET ADDRESS	5411 SW 87 AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *x3/4/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *305-585-6086*
Daytime Phone # 0028653

CR2E037 (9/96)