

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

DOCUMENT # 702559

1. Entity Name

ROYCE NURSING FOUNDATION, INC.

02-21-2002 90064 021 ****61.25
 08-01-2002 90167 012 ****61.25

Principal Place of Business	Mailing Address
1500 NW 12TH AVE 7 FL MIAMI FL 33136 US	1500 NW 12TH AVE 7 FL MIAMI FL 33136 US

971940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	51-0169662	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

MASS, D. JANE
 420 HARDEE ROAD
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stacy Jones ever 7/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, JUDY 14024 SW 104 CT MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASS, JANE D 420 HARDEE ROAD CORAL GABLES, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, NANCY 15060 EGAN LANE HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, BERNARD 112 VALENCIA AVE. CORAL GABLES, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKINNON, HAROLD A 122 D-1 LAKE PINE CR. LAKE WORTH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phyllis Lippert-Kelly 7837 Midnight Pass Road Sarasota, FL 34242 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joan Jennings-Eldon 6051 Swindens Lane Davie, FL 33331 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joan Buddi 16660 Redwood Way Weston, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joanne M. Castelli 9008 NW 6th Ct. Plantation, FL 33324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Timmons 11204 SW 111th St. Miami, FL 33173 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlene J. Welker 19101 Mystic Pointe Dr. #1006 Aventura, FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Stacy Jones ever 7/23/02

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