

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702559

FILED
Feb 04, 2006
Secretary of State

Entity Name: ROYCE NURSING FOUNDATION, INC.

Current Principal Place of Business:

1500 NW 12TH AVE
7 FL
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

1500 NW 12TH AVE
7 FL
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 51-0169662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ROBERTS, NANCY
Address: 15060 EGAN LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: PD () Delete
Name: MASS, JANE D,
Address: 420 HARDEE ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD () Delete
Name: BUDDI, JOAN
Address: 16660 REDWOOD WAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY ROBERTS

STD

02/04/2006

Electronic Signature of Signing Officer or Director

_____ Date