

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702559

FILED  
Jan 15, 2009  
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:

1500 NW 12TH AVE  
709D  
MIAMI, FL 33136 US

## Current Mailing Address:

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

## New Mailing Address:

1500 NW 12TH AVE  
709D  
MIAMI, FL 33136 US

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:

ROBERTS, NANCY E  
15060 EGAN LANE  
MIAMI LAKES, FL 33014 US

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: NANCY E. ROBERTS

01/15/2009

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: VPD (X) Change ( ) Addition  
Name: KICKLIGHTER, LEILANI  
Address: 5102 LAUREL CIRCLE  
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify 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 E. ROBERTS

STD

01/15/2009

Electronic Signature of Signing Officer or Director

Date