

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3/21

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-20-2003 90150 033 ****61.25

DOCUMENT # 702559
1. Entity Name
ROYCE NURSING FOUNDATION, INC.



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

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

City & State City & State

Zip Country Zip Country

4. FEI Number **51-0169662** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

55022534



CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPERT-KELLY, PHYLLIS 7837 MIDNIGHT PASS ROAD SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS-ELDON, JOAN 6051 SWINDEN LANE DAVIE FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDI, JOAN 18880 REDWOOD WAY WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: SIGNATURE Date: **2/24/03** Daytime Phone #: **(305) 585-7134**

CR2E037 (10/02)