FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 23 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710395 (5)

1. Corporation Name
VILLA MARIA NURSING AND REHABILITATION CENTER, I NC.

Principal Place of Business	Mailing Address
~~C/O SHERRY L. BRUNNER~~ 1050 N.E. 125TH STREET N. MIAMI FL 33161 US	~~C/O SHERRY L. BRUNNER~~ 1050 N.E. 125TH STREET NORTH MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1966
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1284678 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GERALD M. COHEN, P.A.
1533 SUNSET DRIVE
STE. 225
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent
81 Name: J. Patrick Fitzgerald, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 110 Merrick Way, Suite 2C
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 3-1-95
Signature (and printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SPERO, BARRY M.	1.2 NAME	Pennekamp, Tom	
STREET ADDRESS	1050 NE 125TH ST	1.3 STREET ADDRESS	1434 South Miami Avenue	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL	
TITLE	PD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DURNEY, ELIZABETH R	2.2 NAME	Johnson, Paul, Bro.	
STREET ADDRESS	6203 MONUMENT AVE	2.3 STREET ADDRESS	c/o 726 N.E. 1 Avenue	
CITY-ST-ZIP	RICHMOND VA 23226	2.4 CITY-ST-ZIP	Miami, FL	
TITLE	TD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	TROMBINO, ROGER A.	3.2 NAME	Hennessey, William J., Rev.	
STREET ADDRESS	1050 N.E. 125TH STREET	3.3 STREET ADDRESS	5601 South Flamingo Road	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	SD	4.1 TITLE	EVD	☒ Change ☐ Addition
NAME	HOGUET, THERESA MARIE	4.2 NAME	Whittaker, Kenneth D., Rev.	
STREET ADDRESS	1050 NE 125TH STREET	4.3 STREET ADDRESS	7525 N.W. 2 Avenue	
CITY-ST-ZIP	N. MIAMI FL 33161	4.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BRUNNER, SHERRY L.	5.2 NAME	Vaughan, John J., Rev.	
STREET ADDRESS	1050 N.E. 125TH STREET	5.3 STREET ADDRESS	c/o 9401 Biscayne Boulevard	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	Miami Shores, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed or on an attachment with an address.

SIGNATURE: _____ 3-1-95 (305) 795-6233 x222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #