FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 02/18/1966
3a. Date of Last Report: 03/23/1995

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)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FITZGERALD, PATRICK J
110 MERRICK WAY
STE 2C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 3B

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PENNEKAMP, TOM		12 NAME		
STREET ADDRESS	1434 S MIAMI AVE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PAUL B		22 NAME		
STREET ADDRESS	C/O 726 NE 1 AVE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	HENNESSEY, WILLAIM J R		32 NAME	Hennessey, William J	
STREET ADDRESS	5601 SOUTH FLAMINGO RD		33 STREET ADDRESS	c/o 9401 Biscayne Blvd.	
CITY-ST-ZIP	FT LAUDERDALE FL		34 CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	EVD	☒ DELETE	41 TITLE	EVD	☐ Change ☒ Addition
NAME	WHITTAKER, KENNETH D REV		42 NAME	Honold, Thomas G.	
STREET ADDRESS	7525 NW 2 AVE		43 STREET ADDRESS	c/o 1050 N.E. 125 Street	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	North Miami, FL 33161	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	VAUGHAN, JOHN J		52 NAME		
STREET ADDRESS	C/O 9401 BISCAYNE BLVD.		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	ROSASCO, EDWARD		62 NAME		
STREET ADDRESS	1050 N.E. 125TH STREET		63 STREET ADDRESS	c/o 3633 S. Miami Avenue	
CITY-ST-ZIP	NORTH MIAMI FL 33161		64 CITY-ST-ZIP	Miami, FL 33133	

CR2E037 (12/95)

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)(k), 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: Thomas G Honold Thomas G. Honold (954) 739-6233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext 222