2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710395

FILED Mar 17, 2011 Secretary of State

Entity Name: VILLA MARIA NURSING AND REHABILITATION CENTER, INC.

New Principal Place of Business: Current Principal Place of Business:

1050 NE 125 ST

N. MIAMI, FL 33161 US

Current Mailing Address: New Mailing Address:

1050 NE 125 ST

N. MIAMI, FL 33161 US

FEI Number: 59-1284678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FITZGERALD, PATRICK J 110 MERRICK WAY SUITE 3-B

CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

VCSD

WORLEY, ELIZABETH A Name: Address: C/O 9401 BISCAYNE BLVD City-St-Zip: MIAMI SHORES, FL 33138

Title: **PCEO**

Name: CATANIA, JOSEPH M Address: 291 NW 43 AVE

City-St-Zip: COCONUT CREEK, FL 33066

Title: CD

LAWSON, RALPH E Name:

C/O 6855 RED ROAD, STE. 600 Address: City-St-Zip: CORAL GABLES, FL 33143

Title: AS

Name: FITZGERALD, J PATRICK 110 MERRICK WAY SUITE 5B Address: City-St-Zip: CORAL GABLES, FL 33134

ASD Title:

MARIN, TOMAS Name:

C/O 5400 S.W. 102 AVENUE Address:

MIAMI, FL 33165 City-St-Zip:

Title:

JAMAL, ASIF Name:

Address: 1028 COTORRO AVENUE CORAL GABLES, FL 33146 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH M. CATANIA **PCEO** 03/17/2011