

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035928

FILED
Apr 11, 2012
Secretary of State

Entity Name: NURSING HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

2790 N. MILITARY TRAIL
SUITE 7
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2790 N. MILITARY TRAIL
SUITE 7
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 27-2434521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHOFSTALL, WILLIAM G JR.
828 SQUIRE DR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Title: PRES
Name: FEINGOLD, PAUL C
Address: 701 S ROSEMARY AVE F305
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP
Name: FEINGOLD, DAYLE M
Address: 701 S ROSEMARY AVE F305
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: SEC
Name: SPLAIN, M DANIEL
Address: 23199 SHAKER BOULEVARD
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: DIR
Name: ELIZABETH L, STOLKOWSKI
Address: 23199 SHAKER BOULEVARD
City-St-Zip: SHAKER HEIGHTS, OH 44122

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: M DANIEL SPLAIN

SEC

04/11/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date