

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003291

Entity Name: MIAMI-DADE NURSING CENTER, INC.

Current Principal Place of Business:

4790 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4790 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319

FEI Number: 65-1098319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
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

Officer/Director Detail :

Title P
Name CATANIA, JOSEPH M
Address 291 NW 43 AVE
City-State-Zip: COCONUT CREEK FL 33066

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

Title CD
Name LAWSON, RALPH E
Address 6855 RED ROAD, STE 600
City-State-Zip: CORAL GABLES FL 33143

Title AS
Name FITZGERALD, J. PATRICK
Address 110 MERRICK WAY, STE 3B
City-State-Zip: CORAL GABLES FL 33134

Title ASD
Name MARIN, TOMAS
Address C/O 5400 S.W. 102 AVENUE
City-State-Zip: MIAMI FL 33165

Title DIRECTOR
Name PANCIERA, MARK J
Address 6001 NORTH OCEAN DRIVE, #1202
City-State-Zip: HOLLYWOOD FL 33019

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

PRESIDENT

03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date