

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 542640

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** PINES NURSING HOME (77), INC.

**Current Principal Place of Business:**

301 N.E. 141ST ST.  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

301 N.E. 141ST ST.  
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 59-1784681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AST, JULES  
301 N.E. 141 STREET  
MIAMI, FL 33161 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: S  
Name: GOLDFINGER, LANA  
Address: 301 NE 141 ST  
City-St-Zip: MIAMI, FL 33161

Title: PCE  
Name: AST, JULES  
Address: 301 NE 141 ST.  
City-St-Zip: MIAMI, FL 33161

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: JULES AST

CEO

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date