

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 595017 (5)

1. Corporation Name

JACKSON MANOR NURSING HOME, INC.

Principal Place of Business

1861 N.W. 8TH AVE
MIAMI FL 33136

Mailing Address

1861 N.W. 8TH AVE
MIAMI FL 33136

2. Principal Place of Business

21 11111-BISCAYNE BLVD

Suite, Apt. #, etc.

22 1705

City & State

23 Zip Country

24 25

2a. Mailing Address

26 11111-BISCAYNE BLVD

Suite, Apt. #, etc.

27 1705

City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES
175 NW FIRST AVE., SUITE 2000
MIAMI FL 33128

3. Date Incorporated or Qualified

11/01/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1869147

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

10. Name and Address of New Registered Agent

81 Name

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

201-5-BISCAYNE BLVD
#2005

84 City

FL 85 Zip Code

33128

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(6), 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.09(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME PD MIZRAHI, ISAAC
STREET ADDRESS 11111 BISCAYNE BLV #1705
CITY-ST-ZIP MIAMI FL

2. TITLE ☐ DELETE

NAME ST COTTLER, MARY
STREET ADDRESS 11111 BISCAYNE BLVD 1705
CITY-ST-ZIP MIAMI FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this filing is true and correct 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 supplementary 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I am an individual who has not filed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)