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	PROFIT PORATION	<b>7 : ==</b> \$2 \	RTMENT OF STATE			
	AL REPORT		ry of State			
	1996	DIVISION OF	CORPORATIONS			
DOCUN 1. Corporation		18 (3)				•
ARCH	Creek Nursing Home	E, INC.		O FRANCO FRANCO SANTO BARRE DRAVO E	1 DO 1012 DIBIL DIBID DI BIL	
Principal Place	of Business	Mailing Address				
1861 NW 8 AVENUE 1861 NW 8 AVENUE P O BOX 520457 P O BOX 520457 MIAMI FL 33152 MIAMI FL 33152				Date Incorporated or Qualified		
	_			11/01/1978	05/01/	
2. Principal Pla	ice of Business - \$15CA4N6 B/V	2a. Mailing Add 95	AYNE BIND	4. FEI Number 59-1869145		Applied For
Suite, Apt. #		Suite, Apt. #, etc.			\$8.	Not Applicable 75 Additional
2	1705	27	105	5. Certificate of Status Desired	L.J Fe	e Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	1 1 7 7	.00 May Be Ided to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax unde	
4]	25 g. Name and Address of Cur	rrent Begistered Agent	[30]	Florida Statutes Ye	s No	
			81 Name			
STE 200	1 1ST AVE 20 FL 33128		83 84 City	B). Box Number is Not Bept B). Schyne B/19 3000	les l	Zip Code
11 Durament						
or register	a tha provisions of Sactions 607 ()	1502 and 607 1508. Florida Statute	s the above-named corner	ration submits this statement for the re	FL Surpose of changing	53131 ts registered office
OLONATURE	ed agent, or both, in the State of F h, and accept the obligations of, S	Florida: Such change was authorize Section 607:0505, Florida Statutes	s, the above-named corpored by the corporation's boar	ration submits this statement for the p rd of directors. I hereby accept the ap	urosea of changing i	ts registered office red agent. I am
SIGNATURE	ed agent, or both, in the State of F h, and accept the obligations of S Signature, bysed or philled harms of registrood a	Torida, Such change was authorize Section 607,0505, Florida Statutes agentand to Flagatoalle (NO	ed by the corporation's boar	rd of directors. I hereby accept the ap	urpose of changing pointment as registe	red agent. I am
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SIGNATURE	ed agent, or both, in the State of F h, and accept the obligations of, S Signature, by ed or philest natic of rejistive to OFFICERS P MIZRAHI, ISAAC 11111 BISCAYNE BL #17	Florida. Such change was authorize Section 607.0505, Florida Statutes Reported to Flagation (NO AND DIRECTORS)	IE Registared Agent signature require  13. 1.1 THE 12 NAME 1.3 STREET ADDRESS	rd of directors. I hereby accept the ap	urpose of changing pointment as registe	ctors in 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-7IP	ed agent, or both, in the State of F h, and accept the obligations of, S Signature, by ed or printed matrix of episture to OFFICERS P MIZRAHI, ISAAC 11111 BISCAYNE BL #17 MIAMI FL	Florida: Such change was authorize Section 607.0505, Florida Statutes Reported to Flagglodule (NO AND DIRECTORS DELETE)	TE Hagistared Agent signature require  13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	rd of directors. I hereby accept the ap	urpose of changing pointment as registe  DATE  FICERS AND DIRECT  Chan	CTORS IN 12
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6.4 C+TY-S1-Z+P CITY - ST - ZIP 6.4 G/TY-S1-ZIP

14. To be be possible to the information supplied with this filing is voluntarily furnished 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 supplemental 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 of 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 or on an ittachment with an address.

SIGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA'S OFFICER OR DIRECTOR | Date | Dayling Phone if