

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90478 023 ***150.00

DOCUMENT # 595018

1. Entity Name
ARCH CREEK NURSING HOME, INC.

Principal Place of Business ARCH CREEK NURSING HOME 12505 N.E. 16TH AVE. MIAMI FL 33161	Mailing Address C/O MARSHA G. MADORSKY, ESQ 2000 S BAYSHORE DRIVE VILLA #41 MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 100 SE Second Street Suite 4000 City & State Miami, Florida Zip 33131 Country USA
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4. FEI Number 59-1869145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MADORSKY, MARSHA G ESQ
 2665 S. BAYSHORE DRIVE
 STE. 603
 MIAMI FL 33133**

7. Name and Address of New Registered Agent
 Name
Marsha G. Madorsky, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
100 SE Second Street
Suite 4000
 City
Miami **FL** Zip Code
33131

8. 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 **MARSHA G. MADORSKY** DATE **3-30-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 <input type="checkbox"/> Delete MADORSKY, MARSHA 2665 S BAYSHORE DR STE 603 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marsha Madorsky 100 S.E. 2nd Street, Suite 4000 Miami, Fl. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA G. MADORSKY** DATE **3-30-01** DAYTIME PHONE # **(305) 530-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)