

# 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**100 SE Second Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 4000**

City & State

City & State  
**Miami, Florida**

4. FEI Number **59-1869145**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33131**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

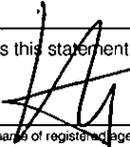
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADORSKY, MARSHA G ESQ**  
**2665 S. BAYSHORE DRIVE**  
**STE. 603**  
**MIAMI FL 33133**

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

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**

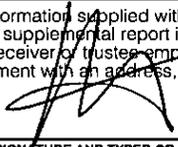
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	0	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Marsha Madorsky</b>		
STREET ADDRESS	<b>100 S.E. 2nd Street, Suite 4000</b>		
CITY-ST-ZIP	<b>Miami, Fl. 33131</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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** **3-30-01** **(305) 530-0050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)