2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **595018**

1. Entity Name
ARCH CREEK NURSING HOME, INC.

Principal Place of Business	Mailing Address
ARCH CREEK NURSING HOME	100 SE SECOND ST
12505 N.E. 16TH AVE.	SUITE 4000
MIAMI FL 33161	MIAMI FL 33131
	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 59-1869145	Applied For / Not Applicable
Zip Country	Zip Country	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
CFRA, LLC	Name
ONE HARBOUR PLACE	Street Address (P.O. Box Number is Not Acceptable)
777 S. HARBOUR ISLAND BLVD.	
TAMPA FL 33602	City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	0	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MADORSKY, MARSHA		NAME			
STREET ADDRESS	100S.E 2ND ST STE., 4000		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ OFFICER   3-7-03   305-530-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)