

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710395

FILED
Mar 26, 2009
Secretary of State

Entity Name: VILLA MARIA NURSING AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

1050 NE 125 ST
N. MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

1050 NE 125 ST
NORTH MIAMI, FL 33161 US

New Mailing Address:

1050 NE 125 ST
N. MIAMI, FL 33161 US

FEI Number: 59-1284678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FITZGERALD, PATRICK J
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCSD () Delete
Name: HENNESSEY, WILLIAM J.
Address: C/O 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL

Title: P () Delete
Name: CATANIA, JOSEPH M
Address: 291 NW 43 AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: CD () Delete
Name: LAWSON, RALPH E.
Address: 6855 RED ROAD, STE. 600
City-St-Zip: CORAL GABLES, FL 33143

Title: AS () Delete
Name: FITZGERALD, J PATRICK
Address: 110 MERRICK WAY SUITE 5B
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCSD (X) Change () Addition
Name: HENNESSEY, WILLIAM J
Address: C/O 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: LAWSON, RALPH E
Address: C/O 6855 RED ROAD, STE. 600
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD () Change (X) Addition
Name: MARIN, TOMAS
Address: C/O 3900 N.W. 79 AVENUE, STE 731
City-St-Zip: DORAL, FL 33166

Title: D () Change (X) Addition
Name: JAMAL, ASIF
Address: 1028 COTORRO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date