# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2010**
**Secretary of State**

DOCUMENT# 715374

**Entity Name:** MIRACLE HILL NURSING AND CONVALESCENT CENTER, INC.

**Current Principal Place of Business:**

1329 ABRAHAM STREET
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

1329 ABRAHAM STREET
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number: 59-1275598** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMB, EUGENE
1329 ABRAHAM STREET
TALLAHASSEE, FL 32304 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: P
Name: RUSH, FRANK
Address: 3531 FOREST OAK LANE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TS
Name: SMITH, CLINTON H
Address: 1205 RICHMOND STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: C
Name: LAMB, EUGENE JR
Address: P.O. BOX 592
City-St-Zip: MIDWAY, FL 32343

Title: VC
Name: WILLIAMS, W.J.
Address: P.O. BOX 46227
City-St-Zip: TAMPA, FL 33675

I hereby 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 all other like empowered.

SIGNATURE: EUGENE LAMB CH 02/10/2010
Electronic Signature of Signing Officer or Director — Date