## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2005 08:00 AM Secretary of State

AIIIOAL ILI OILI				Secretary of State		
1. Entity Nam	MENT # F50630 CCY PARK NURSING CENTE		Secretary of State			
Principal Place 1114 WYNWC CHERRY HILL		Mailing Address 1114 WYNWOOD AVE. CHERRY HILL, NJ 08002-329	4			
D	O NOT WRITE		CE	01122005 4. FEI Numb 59-238	No Chg-P	CR2E034 (10/03)  Applied For Not Applicab  \$8.75 Additional Fee Required
1201 HAY	6. Name and Address of Current Re ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525			NOT W		
the obligat	named onlity submits this statement for the consoft registered agent.  Signature, typed or printed name of registered agent and  E NOW!!! FEE IS \$150,00  ay 1, 2005 Fee will be \$550.00	We applicable. (NOTE Register  9. Election Campaign Fina	ad Agent signature require		th, in the State of Fic	orida. I am familiar with, and accept
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DI PD LAZOVITZ, STEPHEN 1114 WYNWOOD AVENUE CHERRY HILL, NJ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>		nj 4000 <b>0</b> -2013 <b>4-002</b>   50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W	
NAME STREET ADDRESS CITY-ST-ZIP				IIV	THIS SF	'AUE
NAME STREET ADDRESS						

12. Thereby 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my flame appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: \_

TUTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

Daytime Phone #

2000