

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90338 035 ****61.25

DOCUMENT # F97000006951

1. Entity Name

SOUTHCARE NURSING CENTER, INC.

Principal Place of Business

**IN TOWN RETIREMENT CLUB
P.O. BOX 967
GLENSIDE PA 19038**

Mailing Address

**IN TOWN RETIREMENT CLUB
P.O. BOX 967
GLENSIDE PA 19038**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2047624

Applied For

Not Applicable

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

**BINGHAM, MARVIN W JR.
14811 NW 140TH ST.
ALACHUA FL 32616**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DOBSON, DAVID	
STREET ADDRESS	7425 OLD YORK RD	
CITY-ST-ZIP	MELROSE PARK PA 19027	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOBSON, ETHEL	
STREET ADDRESS	7425 OLD YORK RD	
CITY-ST-ZIP	MELROSE PARK PA 19027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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

7-9-02 215-7826000

CR2E037 (4/02)