

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006951

FILED
Jan 18, 2005
Secretary of State

Entity Name: SOUTHCARE NURSING CENTER, INC.

Current Principal Place of Business:

SOUTHCARE INC.
P.O. BOX 967
GLENSIDE, PA 19038

New Principal Place of Business:

Current Mailing Address:

SOUTHCARE INC
P.O. BOX 967
GLENSIDE, PA 19038

New Mailing Address:

FEI Number: 23-2047624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINGHAM, MARVIN W JR.
14811 NW 140TH ST.
ALACHUA, FL 32616 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 () Delete
Name: DOBSON, DAVID
Address: 7425 OLD YORK RD
City-St-Zip: MELROSE PARK, PA 19027

Title: ST () Delete
Name: DOBSON, ETHEL
Address: 7425 OLD YORK RD
City-St-Zip: MELROSE PARK, PA 19027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: DOBSON, ETTTEL
Address: 7425 OLD YORK RD
City-St-Zip: MELROSE PARK, PA 19027

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ETTTEL DOBSON

SEC

01/18/2005

Electronic Signature of Signing Officer or Director

Date