

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90120 001 *2,400.00

DOCUMENT # G33435

1. Entity Name
MANATEE SPRINGS NURSING CENTER, INC.



Principal Place of Business
101 SUN AVENUE NE
ALBUQUERQUE NM 87109
US

Mailing Address
101 SUN AVENUE NE
ALBUQUERQUE NM 87109
US

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
58-1534760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWER, RAYMOND	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VF	<input checked="" type="checkbox"/> Delete
NAME	BOWER, RAYMOND	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	TODD, SHARON	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE N, 87109	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, ROBERT K	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William A. Mathies	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	CFO & VP/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Roles	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	Executive V.P./Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ousley	
STREET ADDRESS	101 Sun Ave N.E.	
CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Craig Hayes	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque, NM 87109	
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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 (505) 821-3355

Date Daytime Phone #

CR2E034 (10/02)