

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 18 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H98515** (0)

1. Corporation Name  
**NORTH MIAMI BEACH NURSING CENTER, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
650 N. TAMiami TR.  
100 CHOPIN PLAZA  
OSPREY FL 34229  
US

3. Date Incorporated or Qualified **02/03/1986** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

4. FEI Number **59-2743845** Applied For  
Not Applicable

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

8. This corporation has liability for return under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROBENALT, JOHN F**  
**650 N TAMiami TR. TRAIL**  
**OSPREY FL 34229**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed in printed name of registered agent and title of agent. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBENALT, JOHN F</b>	12 NAME	
STREET ADDRESS	<b>650 N. TAMiami TR.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>OSPREY FL</b>	14 CITY - ST - ZIP	
TITLE	<b>S</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUZIER, THOMAS B</b>	22 NAME	
STREET ADDRESS	<b>650 N.TAMiami TR.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>OSPREY FL</b>	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Thomas Luzier April 5, 1995 813-966-7255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OFFICER OR DIRECTOR)