

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90007 033 ***158.75

DOCUMENT # H98515
 1. Entity Name
 NORTH MIAMI BEACH NURSING CENTER, INC.



Principal Place of Business: 2033 MAIN STREET, STE. 300 SARASOTA, FL 34237 US
 Mailing Address: 2033 MAIN STREET, STE. 300 SARASOTA, FL 34237 US

44007018

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

01282004 Chg-P CR2E034 (10/03)
 4. FEI Number: 59-2743845 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST., STE. 1
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCARVER, JAMES O	
STREET ADDRESS	2033 MAIN STREET, STE. 300	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MCCARVER, PAT	
STREET ADDRESS	2033 MAIN STREET, STE. 300	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LORD, TODD	
STREET ADDRESS	2033 MAIN STREET, STE. 300	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Fuhrmeister	
STREET ADDRESS	2033 Main St, Ste 300	
CITY-ST-ZIP	Sarasota FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ Date: 1/29/04 Daytime Phone #: (941) 952-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR