


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2743845	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

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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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARVER, JAMES O 2033 MAIN STREET, STE. 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MCCARVER, PAT 2033 MAIN STREET, STE. 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FUHRMEISTER, BRIAN 2033 MAIN ST, STE 300 SARASOTA, FL 34237
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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: Brian Fabianente Date: 1/7/05 Daytime Phone #: 9419529411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR