


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 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**



02102006      No Chg-P      CR2E034 (11/06)

4. FEI Number      Applied For  
**59-2743845**      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**

**DO NOT WRITE IN THIS SPACE**

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, 2006 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

UD0000451434  
 03/10/06-80053-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Fuhrmeister VP      Date: 2/27/06      Daytime Phone #: 9419529411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR