


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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 03/01/07-80040-019-158.75

**DO NOT WRITE IN THIS SPACE**

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* **2/16/07** **941 952 9411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #