

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90069 024 ***550.00

DOCUMENT # K08763

1. Entity Name
UNIVERSITY NURSING CARE CENTER, INC.



Principal Place of Business
434 SW 16 ST -
GAINESVILLE, FL 32608 US

Mailing Address
POST OFFICE BOX 1047
GAINESVILLE, FL 32602 US

50065627



2. Principal Place of Business
7515 Southwest 22nd Ave

3. Mailing Address
Suite, Apt. #, etc.

09062005 Chg-P CR2E034 (10/03)

City & State
Gainesville, Florida

City & State

4. FEI Number
59-2268596

Applied For
Not Applicable

Zip
32607

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

KRUGMAN-KADI, EILON
824 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

PSD
ANTHONY LIUZZO
1535 SW ARCHER ROAD
GAINESVILLE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

7515 Southwest 22nd Avenue
Gainesville, Florida 32607

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Anthony Liuzzo
President

09/06/05

352/333-3234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #