


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # M19278 |  |
|--------------------------|---|

1. Entity Name
VALLEY MANOR SOUTH, INC.

Principal Place of Business
11825 SOUTH DIXIE HWY
MIAMI, FL 33156-4439

Mailing Address
11825 SOUTH DIXIE HWY
MIAMI, FL 33156-4439



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|--|
| 4. FEI Number 59-2563071 | 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

STANLEY, RUBY
11825 SOUTH DIXIE HWY
MIAMI, FL 33156

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 | P RUBY, STANLEY 11825 S. DIXIE HWY MIAMI, FL 331564439 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S COURTRIGHT, GERALD 11825 S. DIXIE HWY MIAMI, FL 331564439 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2006

Date

305-235-7200

Daytime Phone #