

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91006 046 ***150.00

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DOCUMENT # M79308

1. Entity Name
ST. ANTHONY'S EXTENDED CARE FACILITY, INC.



Principal Place of Business
% JOANN KOLAR SOLTAU
314 TENTH ST.
W. PALM BEACH FL 33401

Mailing Address
P O BOX 646
WEST PALM BEACH FL 33402



2. Principal Place of Business

3. Mailing Address

2819 EMBASSY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM BEACH, FL

City & State

City & State

33401

4. FEI Number **65-0051030**

Applied For

Not Applicable

Zip

Country

Zip

Country

33401

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLTAU, JOANN KOLAR
314 TENTH ST.
W. PALM BEACH FL 33401

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SOLTAU, JOANN KOLAR**
STREET ADDRESS **314 TENTH ST.**
CITY-ST-ZIP **W.PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D NELSEN, TERESA KOLAR**
STREET ADDRESS **314 TENTH ST.**
CITY-ST-ZIP **W.PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Teressa Kolar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(owner / director)

Date

4/25/03 (561) 832-0668
Daytime Phone #

CR2E034 (10/02)