2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003291

FILED Mar 29, 2010 Secretary of State

Entity Name: MIAMI-DADE NURSING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

4790 N. STATE ROAD 7

LAUDERDALE LAKES, FL 33319

Current Mailing Address: New Mailing Address:

4790 N. STATE ROAD 7

LAUDERDALE LAKES, FL 33319

FEI Number: 65-1098319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FITZGERALD, J. PATRICK ESQ. 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: CATANIA, JOSEPH M Address: 291 NW 43 AVE

City-St-Zip: COCONUT CREEK, FL 33066

Title: VCSD

Name: HENNESSEY, WILLIAM J REV.
Address: 9401 BISCAYNE BLVD.
City-St-Zip: MIAMI SHORES, FL 33138

Title: CD

 Name:
 LAWSON, RALPH E

 Address:
 6855 RED ROAD, STE 600

 City-St-Zip:
 CORAL GABLES, FL 33143

Title: AS

Name: FITZGERALD, J. PATRICK
Address: 110 MERRICK WAY, STE 3B
City-St-Zip: CORAL GABLES, FL 33134

Title: ASD

Name: MARIN, TOMAS

Address: C/O 3900 N.W. 79 AVENUE, SUITE 731

City-St-Zip: DORAL, FL 33166

Title:

Name: JAMAL, ASIF

Address: 1028 COTORRO AVENUE City-St-Zip: CORAL GABLES, FL 333146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA P 03/29/2010