## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06503

FILED Mar 15, 2010 Secretary of State

Entity Name: ST. ANNE'S NURSING CENTER, ST. ANNE'S RESIDENCE, INC.

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

11855 QUAIL ROOST DR MIAMI, FL 33177 US

Current Mailing Address: New Mailing Address:

11855 QUAIL ROOST DR MIAMI, FL 33177 US

FEI Number: 59-2522488 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

FITZGERALD, J. PATRICK 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: VCSD

Name: HENNESSEY, WILLIAM J Address: C/O 9401 BISCAYNE BLVD City-St-Zip: MIAMI SHORES, FL 33138

Title: F

Name: CATANIA, JOSEPH M Address: 291 N.W. 43 AVE.

City-St-Zip: COCONUT CREEK, FL 33066

Title:

 Name:
 SPERRY, LEN

 Address:
 659 NW 38 CIRCLE

 City-St-Zip:
 BOCA RATON, FL 33431

Title: CD

Name: LAWSON, RALPH E

Address: C/O 6855 RED ROAD, STE. 600 City-St-Zip: CORAL GABLES, FL 33143

Title:

Name: FARREY, BUD
Address: 1850 NE 146TH ST
City-St-Zip: MIAMI, FL 33181

Title: AS

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

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 03/15/2010