

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002794

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** UNIVERSITY PLAZA REHABILITATION AND NURSING CENTER, INC.

**Current Principal Place of Business:**

1800 NE 168TH STREET, SUITE 200  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NE 168TH STREET SUITE 200  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

1800 NE 168TH STREET, SUITE 200  
N MIAMI BEACH, FL 33162

**FEI Number:** 30-0541840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZUBKOFF, WILLIAM  
1800 NE 168 ST STE 200  
N MIAMI BEACH, FL 33162 US

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

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: D  
Name: GALBUT, RUSSELL  
Address: 1800 NE 168TH STREET SUITE 200  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: PD  
Name: ZUBKOFF, WILLIAM  
Address: 1800 NE 168TH STREET SUITE 200  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TD  
Name: WASSERMAN, MARTY  
Address: 1800 NE 168TH STREET SUITE 200  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD  
Name: BRENT, JOAN  
Address: 1800 NE 168TH STREET SUITE 200  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD  
Name: ECK, WILLIAM  
Address: 1800 NE 168TH STREET SUITE 200  
City-St-Zip: N MIAMI BEACH, FL 33162

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: WILLIAM ZUBKOFF

PD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date