

2000 UNIFORM BUSINESS REPORT (UBR)

1/21/2

FILED
Jul 19, 2000 8:00 am
Secretary of State

01-29-2000 90097 026 ***61.25

DOCUMENT # N99000004466

1. Entity Name

NURSING HOME COUNSELING CENTER, INC.

R

Principal Place of Business

Mailing Address

3519 NW 61 CIRCLE
BOCA RATON FL 33496

3519 NW 61 CIRCLE
BOCA RATON FL 33496-4002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ARONBERG, LINDA
3519 NW 61 CIRCLE
BOCA RATON FL 33496

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.

SIGNATURE

[Handwritten 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 \$61.25

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 5 rows for Officers and Directors. Includes titles like 'PRESIDENT', 'SEC.', 'CRAIG ARONBERG', 'JAIME ARONBERG' and addresses in Boca Raton, FL.

Table with 5 rows for Additions/Changes. Includes titles like 'D', 'D', 'D' and checkboxes for Change and Addition.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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...

SIGNATURE: [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

561-998-9370

Daytime Phone #