

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-21-2001 90040 034 ****61.25

DOCUMENT # N99000004466

1. Entity Name

NURSING HOME COUNSELING CENTER, INC.

Principal Place of Business 3519 NW 61 CIRCLE BOCA RATON FL 33496	Mailing Address 3519 NW 61 CIRCLE BOCA RATON FL 33496
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945268	APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARONBERG, LINDA 3519 NW 61 CIRCLE BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARONBERG, LINDA 3519 NW 61ST CIRCLE BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARONBERG, LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMBERG, CRAIG 3519 WW 61ST CIRCLE BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARONBERG, CRAIG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMBERG, JAMIE 3519 WW 61ST CIRCLE BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARONBERG, JAMIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, trustee or person empowered to execute this report as required by Chapter 617, 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: *[Signature]* **ARMBERG, CRAIG** **ARONBERG** **1-5-01 988 9870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)