

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004751

**FILED**  
**Jul 26, 2010**  
**Secretary of State**

**Entity Name:** LEE NURSING CORPORATION

**Current Principal Place of Business:**

341 SE 16TH AVE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

341 SE 16TH AVE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 26-4036864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNN, BARBARA  
341 SE 16TH AVE  
PLANTATION, FL 33060 US

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

KC CALDWELL CPA  
7501 NW 4TH ST  
112  
PLANTATION, FL 33317 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: KC CALDWELL

07/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYNN, BARBARA  
Address: 341 SE 16TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: B LEE

P

07/26/2010

Electronic Signature of Signing Officer or Director

Date