

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000044692

FILED  
Apr 14, 2012  
Secretary of State

**Entity Name:** SPRINGS RIVER NURSING CARE, INC

**Current Principal Place of Business:**

749 CURTISS PARKWAY  
107  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

891 W 67TH ST  
HIALEAH, FL 33012

**Current Mailing Address:**

749 CURTISS PARKWAY  
107  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

891 W 67TH ST  
HIALEAH, FL 33012

**FEI Number:** 27-0220678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAZO, LENNISEY  
749 CURTISS PARKWAY  
107  
MIAMI SPRINGS, FL 33166 US

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

LAZO, LENNISEY  
891 W 67TH ST  
HIALEAH, FL 33012 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: LENNISEY LAZO

04/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAZO, LENNISEY  
Address: 891 W 67TH ST  
City-St-Zip: MIAMI, FL 33012

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: LENNISEY LAZO

P

04/14/2012

Electronic Signature of Signing Officer or Director

Date