

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035928

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** NURSING HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

2790 N. MILITARY TRAIL  
SUITE 7  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

2790 N. MILITARY TRAIL  
SUITE 7  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 27-2434521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOFSTALL, WILLIAM G JR.  
828 SQUIRE DR  
WELLINGTON, FL 33414 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: PRES  
Name: FEINGOLD, PAUL C  
Address: 701 S ROSEMARY AVE F305  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP  
Name: FEINGOLD, DAYLE M  
Address: 701 S ROSEMARY AVE F305  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: SEC  
Name: SPLAIN, M DANIEL  
Address: 23199 SHAKER BOULEVARD  
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: DIR  
Name: ELIZABETH L, STOLKOWSKI  
Address: 23199 SHAKER BOULEVARD  
City-St-Zip: SHAKER HEIGHTS, OH 44122

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: M DANIEL SPLAIN

SEC

04/11/2012

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

\_\_\_\_\_  
Date