

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044984

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ARCADIA NURSING HOME INC

**Current Principal Place of Business:**

29041 SW 134 CT  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

441 N. DEL PRADO BLVD.  
SUITE 2  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

29041 SW 134 CT  
HOMESTEAD, FL 33033

**New Mailing Address:**

441 N. DEL PRADO BLVD.  
SUITE 2  
CAPE CORAL, FL 33909 US

**FEI Number:** 30-0685984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ARTEAGA, BETSY B  
29041 SW 134 CT  
HOMESTEAD, FL 33033 US

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

ARTEAGA, BETSY B  
441 N. DEL PRADO BLVD.  
SUITE 2  
CAPE CORAL, FL 33909 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: BETSY B. ARTEAGA

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARTEAGA, BETSY B  
Address: 441 N. DEL PRADO BLVD., SUITE 2  
City-St-Zip: CAPE CORAL, FL 33909 US

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: BETSY B. ARTEAGA

P

02/07/2012

Electronic Signature of Signing Officer or Director

Date