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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14650 (6)

1. Corporation Name

NURSING CENTERS OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

POST OFFICE BOX 28343
ATLANTA GA 30328

Mailing Address

POST OFFICE BOX 28343
ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

02/01/1994

4. FEI Number

58-1578648

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4800 Nob Hill Road

2a. Mailing Address

25 4800 Nob Hill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise, FL

City & State

28 Sunrise, FL

Zip

24 33351

Country

25 Broward

Zip

29 33351

Country

30 Broward

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WOLFE, RICHARD W.
STREET ADDRESS	2647 MILLER CT
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	S
NAME	WOMACK, MELINDA M.
STREET ADDRESS	1571 IDLEWOOD ROAD
CITY-ST-ZIP	TUCKER GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	5 Concourse Parkway, #2420
24 CITY-ST-ZIP	Atlanta, GA 30328
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Melinda M. Womack, Sec.

(Signature and typed or printed name of signing officer or director)

3-2-95

305/748-3400

Date

Signature