2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P97000024292

Entity Name: BROWARD NURSING CARE, INC.

Current Principal Place of Business:

2123 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10652
POMPANO BEACH, FL 33061

New Mailing Address:

P.O. BOX 10654
POMPANO BEACH, FL 33061

FEI Number: 65-0739910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, STUART
2123 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33061 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CUMMINGS, PAMELA
Address: 2123 E ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA CUMMINGS D 04/22/2009

Electronic Signature of Signing Officer or Director Date