2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2012
Secretary of State

DOCUMENT# P97000024292

Entity Name: BROWARD NURSING CARE, INC.

Current Principal Place of Business:

4175 SW 64TH AVE
SUITE #200
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4175 SW 64TH AVE
SUITE #200
DAVIE, FL 33314

New Mailing Address:

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

Name and Address of Current Registered Agent:

HILTON, ANNA
4175 SW 64TH AVENUE
SUITE #200
DAVIE, FL 33314 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: D
Name: HILTON, ANNA
Address: 4175 SW 64TH AVENUE, SUITE #200
City-St-Zip: DAVIE, FL 33314

Title: SEC
Name: ACOSTA, MARTHA
Address: 4175 SW 64TH AVE., SUITE #200
City-St-Zip: DAVIE, FL 33314

Title: SEC
Name: ROCK, SUSAN
Address: 4175 SW 64TH AVE., SUITE #200
City-St-Zip: DAVIE, FL 33314

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: ANNA HILTON, PRESIDENT D 04/13/2012

Electronic Signature of Signing Officer or Director — Date