


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 028 ***550.00

DOCUMENT # P97000061646 1. Entity Name VICTORIA NURSING & REHABILITATION CENTER, INC.	
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Principal Place of Business 955 NW 3RD ST MIAMI, FL 33128	Mailing Address 421 GARRARD ST COVINGTON, KY 41011
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DO NOT WRITE IN THIS SPACE

04060005



03202003 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1558831	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent STACEY, RICHARD E 899 NW 4TH STREET MIAMI, FL 33128

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACEY, RALPH JR 899 NW 4TH STREET MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACEY, RICHARD E 899 NW 4TH STREET MIAMI, FL 33128
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **Richard E Stacey** 859-7928880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #