

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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 430 GARRARD STREET COVINGTON, KY 41011
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DO NOT WRITE IN THIS SPACE

6. 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 _____

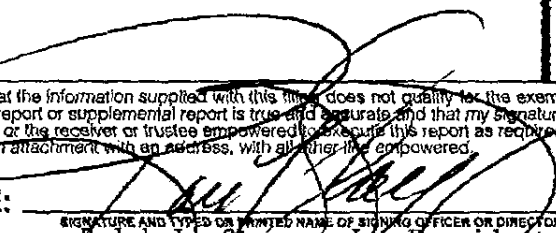
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACEY, RALPH JR 899 NW 4TH 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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05/05/06-80038-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained 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 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 as an attachment with an address, with all other lines empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ralph L. Stacey, Jr. President

Date **4/18/06** Daytime Phone # **859-292-8880**