

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000061646

1. Entity Name
VICTORIA NURSING & REHABILITATION CENTER, INC.



Principal Place of Business
**955 NW 3RD ST
MIAMI, FL 33128**

Mailing Address
**430 GARRARD STREET
COVINGTON, KY 41011**



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1558831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAWNE, MATTHEW
430 GARRARD STREET
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000931705
05/22/08-80026-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph L. Stacey, Pres.

4/28/08 859-292-8880

Date

Daytime Phone #