

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90039 005 ***550.00

DOCUMENT # P99000067706

1. Entity Name
WATERCREST NURSING AND REHABILITATION CENTER, IN



Principal Place of Business
 16650 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160

Mailing Address
 16650 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

P.O. Box 546752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SURFSIDE, FL

4. FEI Number

650997361

Applied For

Not Applicable

Zip

Country

Zip

Country

33154

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name *ELITE HEALTHCARE MANAGEMENT INC.*
 Street Address (P.O. Box Number is Not Acceptable) *P.O. Box 546752*
 City *SURFSIDE* FL Zip Code *33154*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

AVI KLEIN, PRES.
 (NOTE: Registered Agent signature required when reinstating)

8/24/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SHAULSON, ABRAHAM	
STREET ADDRESS	1111 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAULSON

8/24/00

305-864-9191
 Daytime Phone #

CR2E034 (5/00)