

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98515

Entity Name: NORTH MIAMI BEACH NURSING CENTER, INC.

Current Principal Place of Business:

2033 MAIN STREET, STE. 300
SARASOTA, FL 34237-6062

Current Mailing Address:

2033 MAIN STREET, STE. 300
SARASOTA, FL 34237-6062 US

FEI Number: 59-2743845

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FUHRMEISTER, BRIAN
2033 MAIN ST. STE 300
SARASOTA, FL 34237-6062 US

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: BRIAN FUHRMEISTER

01/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PDS
Name MCCARVER, PAT
Address 2033 MAIN STREET, STE. 300
City-State-Zip: SARASOTA FL 34237-6062

Title VCFO
Name FUHRMEISTER, BRIAN
Address 2033 MAIN ST, STE 300
City-State-Zip: SARASOTA FL 34237-6062

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: BRIAN FUHRMEISTER

VCFO

01/27/2013

Electronic Signature of Signing Officer/Director Detail

Date