

**2018 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:** No

**Name and Address of Current Registered Agent:**

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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:** THOMAS J. MCLAUGHLIN

01/22/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR,  
                     SECRETARY, TREASURER  
Name            MCCARVER, PAT  
Address        2033 MAIN STREET, 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:** PAT MCCARVER

PRESIDENT/OWNER

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date