

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153119

FILED  
Aug 03, 2007  
Secretary of State

Entity Name: THREE PINES NURSING P. A.

**Current Principal Place of Business:**

3700 S. WESTPORT AVENUE  
SIOUX FALLS, SD 57106

**New Principal Place of Business:**

**Current Mailing Address:**

3700 S. WESTPORT AVENUE  
SIOUX FALLS, SD 57106

**New Mailing Address:**

FEI Number: 20-8144880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROW, LON W IV  
211 NORTH COMMERCE AVENUE  
SEBRING, FL 33870 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOWELL, BYRON O  
Address: 3700 S. WESTPOINT AVENUE  
City-St-Zip: SIOUX FALLS, SD 57106

Title: S ( ) Delete  
Name: HOWELL, RENEE A  
Address: 3700 S. WESTPOINT AVENUE  
City-St-Zip: SIOUX FALLS, SD 57106

Title: T ( ) Delete  
Name: HOWELL, RENEE A  
Address: 3700 S. WESTPOINT AVENUE  
City-St-Zip: SIOUX FALLS, SD 57106

Title: D ( ) Delete  
Name: HOWELL, RENEE A  
Address: 3700 S. WESTPOINT AVENUE  
City-St-Zip: SIOUX FALLS, SD 57106

Title: D ( ) Delete  
Name: HOWELL, BYRON O  
Address: 3700 S. WESTPOINT AVENUE  
City-St-Zip: SIOUX FALLS, SD 57106

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BYRON HOWELL

P,D

08/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date