

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153119

FILED
Jan 12, 2011
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
3738
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BYRON HOWELL

P

01/12/2011

Electronic Signature of Signing Officer or Director

_____ Date