

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|                                      |   |   |
|--------------------------------------|---|---|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---|---|

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAY 21 AM 9:23

**DOCUMENT # 292774 (7)**

1. Corporation Name  
**HOBE SOUND GERIATRIC VILLAGE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>9555 S.E. FEDERAL HWY<br>HOBE SOUND FL 33455 | Mailing Address<br>9555 S.E. FEDERAL HWY<br>HOBE SOUND FL 33455 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |            |                             |            |  |                                       |
|--------------------------------|------------|-----------------------------|------------|--|---------------------------------------|
| 2. Principal Place of Business |            | 2a. Mailing Address         |            | 3. Date Incorporated or Qualified<br>05/10/1965  | 3a. Date of Last Report<br>03/18/1994 |
| 21                             | 26         | 4. FEI Number<br>59-1142564 |            | Applied For<br><input type="checkbox"/> Not Applicable   |                                       |
| 22. Suite, Apt #, etc.         |            | 27. Suite, Apt #, etc.      |            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                                       |
| 23. City & State               |            | 28. City & State            |            | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                      |                                       |
| 24. Zip                        | 25. County | 29. Zip                     | 30. County | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| MCCATHERN, GLADYS<br>9555 SE FEDERAL HWY<br>HOBE SOUND, FL<br>33455 |  |  |  | B1 Name   |  |  |  |
|   |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | B3  |  |  |  |
|   |  |  |  | B4 City   |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | D                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BORTZ, DONALD J. JR    | 1.2 NAME  |   |
| STREET ADDRESS             | 9555 S.E. FEDERAL HWY. | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | HOBE SOUND FL          | 1.4 CITY ST ZIP                                       |   |
| TITLE                      | V                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCATHERN, GLADYS      | 2.2 NAME  |   |
| STREET ADDRESS             | 9555 S.E. FEDERAL HWY. | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | HOBE SOUND FL          | 2.4 CITY ST ZIP                                       |   |
| TITLE                      | D                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BORTZ, VALERIA M. JR   | 3.2 NAME  |   |
| STREET ADDRESS             | 9555 S.E. FEDERAL HWY. | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | HOBE SOUND FL          | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME  |   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 6.4 CITY ST ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gladys McCathern DATE: 5/24/95 FILING FEE: (407) 546-5800  
 SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR  
 Gladys McCathern