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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1, Corporation Name

(2)

**FILED** Jan 22 1996 8:00 am Secretary of State

PANHANDLE NURSING CARE, INC.					
Principal Place	of Business	Mailing Address			EBL G3011 OLBIT OLDIT OLDIT OLDIT OLDIT 100%
1030 UNDERWOOD AVE. 1030 UNDERWOOD AVE. P. O. BOX 5 P. O. BOX 5 PENSACOLA FL 32591 PENSACOLA FL 32591				Date Incorporated or Qualified	3a. Date of Last Report
				03/31/1977	01/24/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4_ FET Number	Applied For
21		26		59-1955622	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for int	angible tax under si 199.032,
24	25	29	30	Florida Statutes	
	9. Name and Address of Currer	it Hegisteren Agent	81 Name	10, 114110 0110 11541155 01 11511	
MUNICO	NI LADOV D. ID		82 Street Add	ress (P.O. Box Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·
JOHNSON, LARRY B. JR. 1920 E DESOTO ST			62 Street Add	iless (F.O. Elox Mainteen in Most Hodeynavio	
PENSACOLA FL 32501			83		
. =			84 City		85 Zip Code
				oration submits this statement for the purp and of directors. Thereby accept the appoil	
SIGNATURE _	Signature, typed or printed name of registered agent OFFICERS AN	t and little if applicable (N ID DIRECTORS	IOTE Ring stered Agent signature require	ed whou resistable)  ADDITIONS/CHANGES TO OFFICE	DAYE ERS AND DIRECTORS IN 12
TITLE	STV	☐ DELETE	1 1 TITLE		Change Addition
NAME	JOHNSON, MICHAEL L.		1.2 NAME		
STREET ADDRESS	2311 GLAMIS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	DELETE	1.4 CiTY - ST - ZiP 2 1 TITLE		Change Addition
TITLE NAME	JOHNSON, LARRY B, JR		22 NAME		
STREET ADDRESS	1920 E. DESOTO STREET		2.3 STHEET ADDRESS		
CITY - ST-ZIP	PENSACOLA FL		2.4 City - St - ZiP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY - ST - ZIP		□ DELETE	4, 1 TITLE		Change Addition
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.CITY-ST-7/P		FT Change FT Address
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			6 2 NAME		<del>-</del>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - 7IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the execution stated in Section 119.07(3)(k), 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 Gnapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1-10-96

909-977-9378

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

904-477-9378