FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26 1999 8:00 am Secretary of State

D	O	CUI	MEI	NΤ	#	530)522
	_					\sim	

1. Corporation Name

PANHANDLE NURSING CARE, INC.

							_ Ii						
Principal Place	of Business		Mailing Address			— —	'"	******	118'	#741/ B			
226 PALAFO:(PI	LA CE		226 PALAFOX PLACE										
SRD, FLR				-3RD-FL				DO	NOT WRIT	E IN THIS	SPACE		
PENSACOLA FL 32591 PENSACOLA FL 32501 US US							3. Date Ir	icorporated or					
							03/31	/1977					
'	ace of Business	<i>_</i>	2a. Mailing Address		4	<i>~</i> , ,	4. FEI No				_	+	lied For
	ardengate	Circle	26 909 Garde	ngate	<u>- (</u>	rde.	59-19	<u>55622</u>			r o		Applicable
Suite, Apt. #	#, etc.	,. <u>.</u>	Suite, Apt. #, etc.				5. Certifo	ate of Status I	Desired			e Rec	ditional uired
City & E tate	3		City & State					n Campaign f					Лау Ве
23 Peneral	cola. FL		28 Pensacola					und Contribu				ded to	Fees
Zip	_	intry	Zip .	Cou		_		rporation owe		ent year In			ا ا
24 32 <i>50</i>		<u>us</u>	29 32504	30	<u>_U</u>	15		al Property T.			Yes		□No
	9. Name and Ad	cress of Curren	Registered Agent		-		10. Name	and Address	of New H	egistered	Agent		
MAGG	GIO, R. BRENT				81	Name							
					82	Street Addr	ess (P.Q. Bo)	Number is N	ot Accepta	ble)			
	PALAFOX PLACE					909 6	oardengate Circle						
3 RD 1	· · · · · · · · · · · · · · · · · · ·	ı			83		C	,					- }
Pt:N6	SACOLA FL 32501	•			84	City					85	Zip C	ode
						Pencal	cola			FL	-	32	<i>504</i>
office or re	egistered agent, or b	cth, in the State	and 607.1508, Florida State of Florida. Such change was tons of, Section 607.0505, F	authorized	i by 1	e-named corp the corporation	oration submi	ts this stateme firectors. I he	ent for the reby accep	purpose of t the appo	changii ntment	ig its i as rec	egistered istered
-		,	4										Ì
SIGNATURE	Signature, typed or printed	name of registered ager	and title if applicable. (NO	1 E: Registered	Agen	t signature req iire	d when reinstating			DATE			
12.		OFFICERS AN	D DIRECTORS	13.			ADDITI	ONS/CHANG	S TO OF	FICERS A			
TITLE	PSTV		☐ DELETE	1.1 TO	ſLΕ						🔀 Ch	ange	☐ Addition
NAME	MAGGIO, R. BRE	NT		1.2 N	ME			0 1-	C:	ما			
STREET ADDRI .SS	226 PALAFOX PI	lacce, 3RD f i	LR .	1.3 ST	REET	ADDRESS	909 Gar	dengate , FL	Lire	10			
CITY-ST-ZIP	PENSACOLA FL			1.4 CF	TY-SI	r-ZIP	Pensacola	<u>, FL :</u>	3250	4			
TITLE			☐ DELETE	2.1 TF	ΠE						Ch	ange	☐ Addition
NAME				2.2 NA	ME								
STREET ADDRESS				2.3 ST	REET	ADDRESS							1
CITY-ST-ZIP				2.4 C	ITY-S	T-ZIP							
TITLE			☐ DELETE	3 1 TI	ΠE						□ Ch	ange	Addition
NAME				3 2 NA	¥ME								
STREET ADDRESS				3351	REET	ADDRESS							
CITY-ST-ZIP				3.4 C	ITY-S	T-ZIP							
TITLE		-	☐ DELETE	4.1 TI							Ch	ange	Addition
NAME				4. 2 N	AME								
STREET ADDRESS				1		ADDRESS							
				4.4 CI									
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TI		-					Ch	ange	Addition
NAME			<u></u>	5.2 N/									
STREET ADDRESS						ADDRESS							
					TY-ST								ĺ
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI							☐ Ch	ange	Addition
]				6.2 N								-	_
NAME						ADDRESS							
STREET ADDRESS													
CITY-ST-ZIP				64 CI	TY-ST	1-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 /(3)(i), Florida Statutes. I further sertify that the irformation indicated on this annual report or suppliemental 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 of the receiver or trastee 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 an attac product of the corporation of the c

SIGNATURE:

ING OFFICI R OR DIRECTOR

02/16/99 Date