## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

## **FILED** DOCUMENT # 530522 May 16, 2000 8:00 am 1. Entity Name Secretary of State PANHANDLE NURSING CARE, INC. 05-16-2000 90032 033 \*\*\*150.00 Mailing Address Principal Place of Business 909 GARDENGATE CIR 909 GARDENGATE CIR PENSACOLA FL 32504 PENSACOLA FL 32504 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1955622 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAGGIO, R. BRENT Street Address (P.O. Box Number is Not Acceptable) 909 GARDENGATE CIR PENSACOLA FL 32504 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 😂 (Seë criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition **PSTV** TITLE ☐ Delete TITLE NAME NAME MAGGIO, R. BRENT -STREET ADDRESS STREET ADDRESS 909 GARDENGATE CIR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of treatment of the corporation or the receiver of treatment of the corporation of the receiver of the receiver

empowered.

AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR

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