

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 672389

(4)

1. Corporation Name

F.L.C. BENEVA NURSING PAVILION, INC.

Principal Place of Business

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

600001484856

-05/12/95--01004--001

DO NOT WRITE IN THESE SPACES ***200.00

3. Date Incorporated or Qualified

05/30/1980

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 10065 Red Run Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2124057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORAT SYS CT Corporation System
1200 SO PINE ISL RD
PLANTATION FL 33324

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (Typed or printed name of registered agent and the application)

(NOTE: Registered Agent signature required when revoking)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
BAGGIE, FRED
1976 LANDINGS BLVD
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
CIRKA, LAWRENCE P
10065 RED RUN BLVD
OWINGS MILLS MD

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V
CAHILL, DENNIS A
10065 RED RUN BLVD
OWINGS MD

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
LEVIN, MARC B
10065 RED RUN BLVD
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
ELKINS, MARSHALL
10065 RED RUN BLVD
OWINGS MILLS MD

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☒ Addition

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 119.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taylor Pickett Taylor Pickett

1/30/95

6410998-8745