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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F32291 (9)
1. Corporation Name
LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, IN C.



Principal Place of Business: 1641 E. AVENUE CLERMONT FL 34711
Mailing Address: 1641 E. AVENUE CLERMONT FL 34711-3317

3. Date Incorporated or Qualified: 04/24/1981
3a. Date of Last Report: 02/26/1996
4. FEI Number: 59-2082592
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

2. Principal Place of Business: 21 11329 CR 561A
2a. Mailing Address: 26 11329 CR 561A
22 City & State: 23 CLERMONT FL
24 Zip: 34711-8691 25 Country: LAKE
27 City & State: 28 CLERMONT FL
29 Zip: 34711-8691 30 Country: LAKE

9. Name and Address of Current Registered Agent
ROGERS, HERBERT L
1641 EAST AVENUE
CLERMONT FL 32711

10. Name and Address of New Registered Agent
81 Name: Herbert L. ROGERS Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 11329 CR 561A
83
84 City: CLERMONT FL 85 Zip Code: 34711

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: *Herbert L. Rogers Jr.* Herbert L. ROGERS Jr. DATE: 2/13/97

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, HERBERT L	
STREET ADDRESS	1641 EAST AVENUE	
CITY - ST - ZIP	CLERMONT FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROGERS, ROWENA E	
STREET ADDRESS	1641 EAST AVENUE	
CITY - ST - ZIP	CLERMONT FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROGERS, HERBERT L, JR.	
STREET ADDRESS	1641 EAST AVENUE	
CITY - ST - ZIP	CLERMONT FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	KNIGHT, TERESA A.	
STREET ADDRESS	340 W. MINNEHAHA AVENUE	
CITY - ST - ZIP	CLERMONT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GULLETT, PATRICIA L.	
STREET ADDRESS	4238 ROGERS RD	
CITY - ST - ZIP	GREENWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11329 CR 561A
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11329 CR 561A
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rowena E. Rogers* ROWENA E. ROGERS 2/13/97 952-394-5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)