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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300000387 (1)

LANCIA NURSING HOMES, INC.

## **FILED** Jan 20 1998 8:00am Secretary of State



Principal Place of Business  575 LOVERS LANE STEUBENVILLE OH 43952  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 01/25/1993  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 34-1192008 Not Applied For Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required  City & State City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Su							
STEUBENVILLE OH 43982  STEUBENVILLE OH 43982  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  3. Date Incorporated or Qualified O1/25/1993  3cl 3cl 4. FEI Number 3d-1192008  Not Applied For Not Ap	Principal Place of Business Mailing Address			-			—
1.1/25/1993   3. FEI Name   1.25/1993   3. FEI Name   1.25/1993   3. FEI Name   3.4-1192008   3.4-	575 LOVERS LANE 575 LOVERS LANE			52			DO NOT WRITE IN THIS SPACE
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address						
City & State	21		26				34-1192008 Not Applicable
Zip	Suite, Apt. #, 6	etc.	<b>⊢</b>	<del>_</del>			
28	City & State		<b>⊢</b> •	Ξ			· · · · · · · · · · · · · · · · · · ·
10, Name and Address of New Registered Agent		Country	Zip	Co	untry	7	8. This corporation owes or has paid the current year Intangible
LANCIA, JOSEPH 5527 ASHPON CT. BOCA RATON FL 33486-8663  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 Statures, the above-named corporation submits this atterment for the purpose of changing its 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, a mr familiar with, and accept the obligations of, Section 607.0505, Florida Statures, the above-named corporation submits this atterment for the purpose of changing its registered agent, a mr familiar with, and accept the obligations of, Section 607.0505, Florida Statures, the above-named corporation submits this atterment for the purpose of changing its registered agent and the provisions of section 607.0505, Florida Statures, the above-named corporation submits this atterment for the purpose of changing its registered agent, a mr familiar with, and accept the obligations of, Section 607.0505, Florida Statures, the above-named corporation submits this atterment for the purpose of changing its registered agent, and the provisions of section 607.0505, Florida Statures, the corporation submits this atterment for the purpose of changing its registered agent, and the provisions of directors. I hereby accept the obligations of section 607.0505, Florida Statures, the corporation submits this atterment for the purpose of changing its registered agent, and the corporation submits this atterment for the purpose of changing its registered agent, and the corporation submits this atterment for the purpose of changing its registered agent, and the corporation submits this atterment for the purpose of changing its registered agent, and the provisions of the corporation submits this atterment for the purpose of changing its registered agent, and the corporation submits the appointment as registered agent, and the corporation submits the appoin	24			30			
STREET ADDRESS CITY-ST-ZIP TITLE PR LANCIA, JOSEPH A LANCIA, LINDA L			t Registered Agent		ļ		10. Name and Address of New Registered Agent
BOCA RATON FL 33486-8663    Bat   City   FL   85   Zip Code					81	Name	
Steel Addition   Street Address   Steel Benville   OH Ag952   Steel Benville   OH Ag					82 Street Addr		ess (P.O. Box Number is Not Acceptable)
TILE PS DELETE 21 TILE PS DELETE 21 TILE Change Addition NAME LANCIA, JOSEPH A STREET ADDRESS STEUBENVILLE OH 43952 145 HIDDENWOOD DR. STEUBENVILLE OH 43952 32 STREET ADDRESS 149 HIDDENWOOD DR. STEUBENVILLE OH 43952 142 NAME ACTIV-ST-ZIP STEEP ADDRESS 149 HIDDENWOOD DR. STEUBENVILLE OH 43952 4 ACTIV-ST-ZIP STEUBENVILLE OH 43952 4 ACTIV-ST-ZIP STEUBENVILLE OH 43952 4 ACTIV-ST-ZIP STEUBENVILLE OH 43952 5 STEUBENV	5001.				83		
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, am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE VCVD					84	City	85 Zip Code
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent agritature required when rehatisting)   DATE	11. Pursuant to the office or regit	he provisions of Sections 607.050, stered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the a	bove d by	e-named corporation	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
Styneture, typed for printed name of registered appert and title it applicable. (NOTE: Registrative required when reinstations)   DATE	agent, I am fa	amiliar with, and accept the obliga	ations of, Section 607.0505, F	Iorida Sta	tutes	S.	·- ·
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	nature, hunari or ortotad name of renistered analysis	Old) and title if analicable (NC	TF: Bacistors	and he	ent signature require	od what reinstation) DATE
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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		the that the information econolises wi	th this filing does not quelify				Section 119 07(3)(i) Florida Statutes 1 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: