2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001239

1. Entity Name SOUTH CENTRAL NURSING HOMES, INC.



FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90118 049 ****61.25

Country Country Country Country Country S. Certificate of Status Desired S. 75 Auditional Fee Finglishord Agent 7. Name and Address of New Register Agent 7. Name and Address of Name and Agent 7. Name and Address of Name and Agent 7. Name and Address of Name and Agent 7. Name an				\			00 0 1 200	.,,,,,,,	., 0	1.20
Suite, Apt. 8, ofc. City & State Name T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent TRIMOLE. T.L. 111 N. ORLANDO AVE. WINTER PARK, FL 32789-3675 City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City City City City City City City City City City Ci	602 COURTLAND STREET 602 STE 200 STE		602 COURTLAND STREE STE 200	2 COURTLAND STREET E 200			1211 1 (1111 121 11 12 11 12 11			1781 81 188 1
City & State City & State City & State City & State Country C	2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address						
Country Country E. Countr	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262004	Chg-NP	CR2E037	(10/03)	
. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Triangle Color Service Agent Status Desired 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. I am familiar with, and act the obligations of registered agent. 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. I am familiar with, and act the obligations of registered agent. 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. I am familiar with, and act the obligations of registered agent. 8. SignaTure	City & State		City & State	City & State					_ 	plied For
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Florida Department of State	Zip	Country	Zip	Country	,	5. Certificate	of Status Desired			
TRIMBLE, T.L. 111 N. ORLANDO AVE. WINTER PARK, FL 32789-3675 City FL Zip Code		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Ag	ent	
Election Campaign Financing The by May 1, 2004 City FL Zip Code	111 N. ORLANDO AVE.			_						
8. The above named entity aubmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Titling Fee is \$61.25 Due by May 1, 2064		·		C	ity			FI	Zip Code	e
Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CARUBBA, HENRY 1672 SWEETWATER CIRCLE WEST APOPKA, FL 32712 TILE ASVD HOATSON, TIM STREFI ADDRESS CITY-ST-ZP TILE STREFI ADDRESS CITY-ST-ZP TILE ASVD LONGWOOD, FL 32779 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS		-	the purpose of changing its re	egistered o	ffice or registe	ered agent, or both	n, in the State of Fic		milier with,	and accept
Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CARUBBA, HENRY 1672 SWEETWATER CIRCLE WEST APOPKA, FL 32712 TILE ASVD HOATSON, TIM STREFI ADDRESS CITY-ST-ZP TILE STREFI ADDRESS CITY-ST-ZP TILE ASVD LONGWOOD, FL 32779 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS CITY-ST-ZP APOPKA, FL 32712 TITE ASD OMES STREFI ADDRESS	SIGNATURE.									
Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ant eignature require	ed when rematating)		DATE		
TITLE NAME CARUBBA, HENRY STREET ADDRESS 1672 SWEEDTWATER CIRCLE WEST APOPKA, FL 32712 TITLE NAME HOATSON, TIM STREET ADDRESS CITY-ST-ZIP TITLE STD LONGWOOD, FL 32779 TITLE STRET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE STD LONGWOOD, FL 32779 TITLE STD LONGWOOD, FL 32779 TITLE STRET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE STD LONGWOOD, FL 32779 TITLE STD LONGWOOD, FL 32779 TITLE STRET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE ASD COE, WALLACE O PO BOX 6330 CITY-ST-ZIP DELTONA, FL 32728 TITLE ASD COE, WALLACE O PO BOX 6330 DELTONA, FL 32728 TITLE ASD COE, WALLACE O PO BOX 6330 DELTONA, FL 32728 TITLE ASD COE, WALLACE O PO BOX 6330 DELTONA, FL 32728 TITLE ASD COE, WALLACE O PO BOX 6330 DELTONA, FL 32728 TITLE ANME STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE ASD COE, WALLACE O STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE ANME STREET ADDRESS CITY-ST-ZIP COENCE COENCELL, HAROLD TABLE TORRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE ANME COE, WALLACE COENCELL TORRESS CITY-ST-ZIP COENCE CITY-ST-ZIP CO			,	-		\$5.00 May Be Added to Fees				
NAME STREET ADDRESS 1672 SWEETWATER CIRCLE WEST CITY-ST-ZIP APOPKA, FL 32712 TILE ASVD HOATSON, TIM STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32779 TILE STD JONES, WILLIAM E STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TILE ASD COE, WALLACE O PO BOX 6330 CITY-ST-ZIP DELTONA, FL 32728 TILE ASD CITY-ST-ZIP DELTONA, FL 32712 TILE ASD CITY-ST-ZIP DELTONA, FL 32728 TILE ASD CITY-ST-ZIP DELTONA, FL 32712 TILE ASD CITY-ST-ZIP CHange AND STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TILE ASD CITY-ST-ZIP CHANGE COE, WALLACE O PO BOX 6330 CITY-ST-ZIP DELTONA, FL 32725 TILE ASD CITY-ST-ZIP CHANGE COE, WALLACE COE, WALLACE CITY-ST-ZIP CHANGE COE, WALLACE COE, WAL	10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE MAKE HOATSON, TIM STRET ADDRESS 2127 S TERRACE BLVD LONGWOOD, FL 32779 TITLE STD JONES, WILLIAM E STRET ADDRESS CITY-ST-ZIP TITLE ASD COE, WALLACE O PO BOX 6330 STRET ADDRESS CITY-ST-ZIP TITLE NAME ROLL, HAROLD TRET ADDRESS CITY-ST-ZIP TITLE NAME ROLL, HAROLD TRET ADDRESS CITY-ST-ZIP TITLE NAME ROLL, HAROLD TRET ADDRESS CITY-ST-ZIP TITLE NAME ROLL, HAROLD TABLE CLARGE TITLE NAME CAMP, VANN D Change AD Ch	NAME STREET ADDRESS	CARUBBA, HENRY 1672 SWEETWATER CIRCLE W		NAME Street ad	BEI DORESS 156	6 LANCER	OAK DRI		Change	Addition
NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP NAME STRET ADDRESS CITY-ST-ZIP TITLE APOPKA, FL 32712 TITLE PD CAMP, VANN D NAME STRET ADDRESS CITY-ST-ZIP Delete TITLE NAME TITLE NAME TITLE NAME TITLE NAME CAMP, VANN D	NAME STREET ADDRESS	HOATSON, TIM 2127 S TERRACE BLVD	☐ Delete	NAME Street ad	VCI DORESS		5 to 7 1 to 1		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32728 TITLE NAME STREET ADDRESS CITY-ST-ZIP ASD ROLL, HAROLD STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME NAME CAMP, VANN D NAME STREET ADDRESS CITY-ST-ZIP APORESS CITY-ST-ZIP NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS	JONES, WILLIAM E 1417 VALLEY PINE CIR	□ Oc/ete	NAME Street ad	ODRESS				Change	☐ Addition
NAME ROLL, HAROLD STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE PD Delste TVLE NAME CAMP, VANN D NAME RAME NAME NAME NAME NAME	NAME STREET ADDRESS	COE, WALLACE O PO BOX 6330	☐ Delete	name Street ac	DAESS 925				Change	Addition
NAME CAMP, VANN D NAME	NAME STREET ADDRESS	ROLL, HAROLD 729 MAY DAY DRIVE	Delete	name Street ad					Change	Addition
STREET ADDRESS 500 WHISPHER WOOD DR STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP	NAME Street address	CAMP, VANN D 500 WHISPHER WOOD DR	□ Delete	NAME Street ad	l l				☐ Change	Addition

12. 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 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Warner Con		4/30/04	407 - 975 - 3000
" SIGNATURE AND TYPED OR PRINTED NA	ME OF SIGNING OFFICER OR DIRECTOR	Date	Daytine Phone #

##achmens 14019702 #F96000001239

SOUTH CENTRAL NURSING HOMES, INC.

OFFICERS AND BOARD OF DIRECTORS

*William E. Jones, Chairman 1417 Valley Pine Circle Apopka, FL 32712

407-886-9512

*Tim Hoatson, Vice-Chairman 2127 South Terrace Blvd. Longwood, FL 32779

407-862-4255 Cell: 407-832-2663

*Vann D. Camp, President 500 Whisper Wood Drive Longwood, FL 32779

407-788-7928

*Wallace Coe, Secretary 925 Sylvia Drive Deltona, FL 32725

386-532-1732

*Bernard Elliott, Treasurer 156 Lancer Oak Drive Apopka, FL 32712

407-889-3398

*Harold Roll, Assistant Secretary 729 May Day Drive Apopka, FL 32712 J. Deryl Knutson

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817-295-0476

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Robert Murphy

117 Spring Chase Circle Altamonte Springs, FL 32714

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