2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # H88352 1. Entity Name PANAMA CITY HEALTH CARE CENTER, INC. 03-28-2002 90144 017 ***150.00 Principal Place of Business Mailing Address 2100 JENKS AVENUE -C/O 1500 MIAMI CENTER-P. O. BOX 16508 -201 C. DISCAYNE BLVD PANAMA CITY FL 32405 - MIAMI FL 33131 2. Principal Place of Business e/or 2005. Biscoyne Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2000 City & State City & State 4. FEI Number Applied For 59-2598053 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBENALT, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 333 South Jamiami 650 N. TAMIAMI TRAIL OSPREY-FL 34229-Zip Code 3428J 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) □ Delete TITLE Robenalt, John NAME ROBENALT, JOHN NAME P.O. BOX 550 STREET ADDRESS 2440 TAMIANI TRAIL N-STREET ADDRESS NOKOMIS FL Osprex, FL 34229 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME FRIEDBAUER, ROGER NAME oos. Biscoyne, Suite 2000 STREET ADDRESS 201 S BISCAYNE BLVD -STREET ADDRESS CITY-ST-ZIP MIAMI FL . CITY-ST-ZIP 33*1*,3 TITLE Delete TITLE Change ☐ Addition NAME Bramer, Marlene NAME STREET ADDRESS 201 S BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

3/12/02 786-777-8021