

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165568

FILED
Feb 09, 2006
Secretary of State

Entity Name: ST ANDREWS HEALTH & REHABILITATION CENTER

Current Principal Place of Business:

3611 TRANSMITTER RD
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

3611 TRANSMITTER RD
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 20-3972242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARREN, JOHN E
3611 TRANSMITTER RD
PANAMA CITY, FL 32404 BAY US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARREN, JOHN E
Address: 3611 TRANSMITTER RD
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: WARREN, JOHN E
Address: 3611 TRANSMITTER RD
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WARREN

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date