

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000087334 (7)**

1. Corporation Name

LAKELAND HEALTH CARE CENTER, INC.



Principal Place of Business: 1530 KENNEDY BLVD, LAKELAND FL 33809, US
Mailing Address: 1133 FOURTH ST, SUITE 208, SARASOTA FL 34236, US

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 02/20/1995
4. FEI Number: 65-0463780
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 (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent

BRADLEY, STEVEN R
1133 FOURTH ST
SUITE 208
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE: PD | <input type="checkbox"/> DELETE |
| NAME: BRADLEY, STEVEN R | |
| STREET ADDRESS: 1133 FOURTH ST SUITE 208 | |
| CITY-ST-ZIP: SARASOTA FL | |
| TITLE: STD | <input checked="" type="checkbox"/> DELETE |
| NAME: BRADLEY, SR ROBERT J | |
| STREET ADDRESS: 1133 FOURTH ST SUITE 208 | |
| CITY-ST-ZIP: SARASOTA FL | |
| TITLE: V | <input checked="" type="checkbox"/> DELETE |
| NAME: GLASS, TOM | |
| STREET ADDRESS: 1530 KENNEDY BLVD | |
| CITY-ST-ZIP: LAKELAND FL | |
| TITLE: V | <input checked="" type="checkbox"/> DELETE |
| NAME: GLASS, CAROL | |
| STREET ADDRESS: 1530 KENNEDY BLVD | |
| CITY-ST-ZIP: LAKELAND FL | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE: PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME: BRADLEY, STEVEN R | |
| 1.3 STREET ADDRESS: 1133 FOURTH ST. SUITE 207/208 | |
| 1.4 CITY-ST-ZIP: SARASOTA, FL 34236 | |
| 2.1 TITLE: V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME: KEEN, GAYLE A. | |
| 2.3 STREET ADDRESS: 1133 FOURTH STREET, SUITE 208/208 | |
| 2.4 CITY-ST-ZIP: SARASOT, FL 34236 | |
| 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME: | |
| 3.3 STREET ADDRESS: | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, 1996

Date

(941)951-1982

Daytime Phone #

CR2E034 (12/95)