

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087334 (7)
 1. Corporation Name
LAKELAND HEALTH CARE CENTER, INC.



Principal Place of Business 1530 KENNEDY BLVD LAKELAND FL 33609 US	Mailing Address 1133 FOURTH ST SUITE 208 SARASOTA FL 34236-4858 US
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3. Date Incorporated or Qualified 12/21/1993	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>1901 Morrill Street</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Sarasota, FL</i>
Zip 24	Country 29 <i>34236</i> 30 <i>Sarasota</i>

4. FEI Number 65-0463780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BRADLEY, STEVEN R	<input type="checkbox"/> DELETE
STREET ADDRESS 1133 FOURTH ST, SUITE 207/208		
CITY-ST-ZIP SARASOTA FL		
TITLE V	NAME KEEN, GAYLE A	<input type="checkbox"/> DELETE
STREET ADDRESS 1133 FOURTH STREET, SUITE 208/208		
CITY-ST-ZIP SARASOTA FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>1901 Morrill Street</i>
1.4 CITY-ST-ZIP	<i>Sarasota, FL 34236</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>1901 Morrill Street</i>
2.4 CITY-ST-ZIP	<i>Sarasota, FL 34236</i>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on the statement with an address.

CR2E034 (9/96)