

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108280

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

124 W NORVELL BRYANT HWY  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

124 W NORVELL BRYANT HWY  
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number:** 59-3613650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERTS, SIDNEY W  
120 CHIPOLA AVE  
DELAND, FL 32720

**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/D ( ) Delete  
Name: ESFORMES, MORRIS  
Address: 6865 N. LINCOLN AVE  
City-St-Zip: LINCOLNWOOD, IL 60712

Title: VP/D ( ) Delete  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

Title: ST/D ( ) Delete  
Name: ALOISIO, AUDREY  
Address: 200 ALPINE CT  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST/D (X) Change ( ) Addition  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIDNEY W. ROBERTS

VP

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date