


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 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 # **377391** (8)
1. Corporation Name
SOUTHSIDE NURSING CENTER, INC.



Principal Place of Business 40 ACME STREET 2546 IRONWOOD DR. JACKSONVILLE FL 32211 US	Mailing Address 40 ACME STREET 2546 IRONWOOD DR. JACKSONVILLE FL 32211 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2546 Ironwood Drive Suite, Apt. #, etc.		2a. Mailing Address 26 2546 Ironwood Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/22/1971		3a. Date of Last Report 05/29/1996	
22 City & State 23 Jacksonville, FL.		27 City & State 28 Jacksonville, FL.		4. FEI Number 59-1350185		Applied For Not Applicable	
24 Zip 32216		25 Country Duval		29 Zip 32216		30 Country Duval	
9. Name and Address of Current Registered Agent CHESHIRE, DONALD W 40 ACME ST JACKSONVILLE FL 32211				10. Name and Address of New Registered Agent 81 Name Raymond R. Savage 82 Street Address (P.O. Box Number is Not Acceptable) 2546 Ironwood Drive 83 84 City Jacksonville, FL 85 Zip Code 32216			
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 *Raymond R. Savage* DATE **8/8/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHESHIRE, SHERRI R.		1.2 NAME Raymond R. Savage	
STREET ADDRESS 5944 MAPLELEAF DRIVE		1.3 STREET ADDRESS 2546 Ironwood Drive	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL. 32216	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHESHIRE, DONALD W.		2.2 NAME Kathleen C. Savage	
STREET ADDRESS 5950 MAPLE LEAF DR. S.		2.3 STREET ADDRESS 2546 Ironwood Drive	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Jacksonville, Florida 32216	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TOWERY, ANN C.		3.2 NAME	
STREET ADDRESS 4082 SAN JOSE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE DST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOWERY, GEORGE H.		4.2 NAME	
STREET ADDRESS 4082 SAN JOSE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHESHIRE, DONALD W.		5.2 NAME	
STREET ADDRESS 5944 MAPLELEAF DRIVE, SOUTH		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE CD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAVAGE, RAYMOND R		6.2 NAME	
STREET ADDRESS 2546 IRONWOOD DR		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		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 an attachment with an address.

SIGNATURE: *Raymond R. Savage*

CR2E034 (4/97)