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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003721

1. Corporation Name

SHADY REST CARE PAVILION, INC.

Principal Place of Business

2310 NORTH AIRPORT RD.
FT. MYERS FL 33907

Mailing Address

2310 NORTH AIRPORT RD.
FT. MYERS FL 33907



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/23/1998

21

26

4. FEI Number

65-0850574

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, DENNIS L
2310 NORTH AIRPORT RD.
FT. MYERS FL 33907

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME BEEHLER, KATHY S
STREET ADDRESS 1597 WINSTON RD.
CITY-ST-ZIP NO. FT. MYERS FL 33917

1.1 TITLE V/D Change Addition
1.2 NAME BEEHLER, KATHY S.
1.3 STREET ADDRESS 1597 WINSTON RD
1.4 CITY-ST-ZIP NO. FT. MYERS FL 33917

TITLE D DELETE
NAME DALTON, ANNE ESQ.
STREET ADDRESS 2044 BAYSIDE PKWY
CITY-ST-ZIP FT. MYERS FL 33901

2.1 TITLE *c/o* Change Addition
2.2 NAME DALTON, ANNE ESQ.
2.3 STREET ADDRESS 2044 BAYSIDE PKWY
2.4 CITY-ST-ZIP FT. MYERS FL 33901

TITLE D DELETE
NAME DALTON, THOMAS W
STREET ADDRESS 5683 BALKAN CT.
CITY-ST-ZIP FT. MYERS FL 33919

3.1 TITLE D Change Addition
3.2 NAME DALTON, THOMAS J
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME DOERR, LEO R
STREET ADDRESS 12998 SO. CLEVELAND AVE
CITY-ST-ZIP FT. MYERS FL 33907

4.1 TITLE P/D Change Addition
4.2 NAME MILLER, DENNIS L
4.3 STREET ADDRESS 3770 LITTLE CREEK DR.
4.4 CITY-ST-ZIP FT. MYERS FL 33905

TITLE D DELETE
NAME EDWARDS, WESTON R
STREET ADDRESS 16121 ROSERUSH CT.
CITY-ST-ZIP FT. MYERS FL 33908

5.1 TITLE D Change Addition
5.2 NAME NEUMAN, AL
5.3 STREET ADDRESS 3830 EVANS AVE
5.4 CITY-ST-ZIP FT. MYERS FL 33901

TITLE D DELETE
NAME HAWES, KAREN B
STREET ADDRESS 83 PONDELLA RD.
CITY-ST-ZIP FT. MYERS FL 33903

6.1 TITLE D Change Addition
6.2 NAME SAWYER, RITA G
6.3 STREET ADDRESS 1201 SW44TH ST
6.4 CITY-ST-ZIP CAPE CORAL FL 33914

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

Daytime Phone #

CR2E037 (11/98)

SHADY REST CARE PAVILION, INC.
2310 NORTH AIRPORT ROAD
FT. MYERS, FL 33907

234657-90108-41
N98000003721

FEIN: 68-0850574

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DOCUMNET NUMBER N98000003721

ITEM 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 7.1 D
- 7.2 HOLBROOK, JAMES O.
- 7.3 1001 NO. WATERWAY DRIVE
- 7.4 FT. MYERS, FL 33919