

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90108 041 ****70.00

0060192

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

65-0850574

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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 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

TITLE **D** ☐ DELETE
NAME **BEEHLER, KATHY S**
STREET ADDRESS **1597 WINSTON RD.**
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**

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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**

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**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **DALTON, THOMAS J**
3.3 STREET ADDRESS **5683 BALKAN CT.**
3.4 CITY-ST-ZIP **FT. MYERS FL 33919**

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**

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**

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

NONPROFIT CORPORATION ANNUAL REPORT 1999
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