2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # N98000003721 1. Entity Name SHADY REST CARE PAVILION, INC. 05-04-2000 90187 038 ****70.00 Principal Place of Business Mailing Address 2310 NORTH AIRPORT RD. 2310 NORTH AIRPORT RD. FT. MYERS FL 33907-1426 FT. MYERS FL 33907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0850574 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, DENNIS L 2310 NORTH AIRPORT RD. FT. MYERS FL 33907 Zip Code City FI 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition PD Change Delete TITLE TITLE VD NAME NAME DENNIS L. MILLER BEEHLER, KATHY S STREET ADDRESS STREET ADDRESS 3770 LITTLE CREEK DRIVE 1597 WINSTON RD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33902 NO FT MYERS FL 33917 Change ☐ Addition Delete TITLE TITLE CO NAME NAME DALTON, ANNE ESQ ANNE DALTON, ESQ. STREET ADDRESS STREET ADDRESS 2044 BAYSIDE PKWY 2044 BAYSIDE PARKWAY

CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 FORT MYERS, FL 33901 ☐ Addition Change ☐ Delete TITLE TITLE SD NAME NAME DALTON, THOMAS J THOMAS J. DALTON STREET ADDRESS STREET ADDRESS 5683 BALKAN CT. 2040 BAYSIDE PARKWAY CITY-ST-ZIP CITY-ST-ZIP <u>ft. Myer\$ fl 33919</u> <u>FORT MYERS, FL 33901</u> Addition Change ■ Delete TITLE TITLE NAME NAME DOERR, LEO R RHETTA BURKETT STREET ADDRESS STREET ADDRESS 12998 SO. CLEVELAND AVE 2220 RIVER OAK LANE SE CITY-ST-ZIP CITY - ST - ZIP FT. MYERS FL 33907 <u>FORT MYERS, FL 33905</u> Addition Change ☐ Delete TITLE WESTON R. EDWARDS NAME EDWARDS, WESTON R STREET ADDRESS 16121 ROSERUSH COURT STREET ADDRESS 16121 ROSERUSH CT. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33908 ft. Myers fl 33908 ☐ Delete Change ★ Addition TITLE NAME SAWYER, RITA G NAME CORINE CIVITELLA

<u>CAPE CORAL FL 33914</u> 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1201 SW 44TH ST

STREET ADDRESS

CiTY-ST-ZIP

PEQUIPDENNIS L. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19486 SADDLEBROOK COURT

NORTH FORT MYERS, FL 33903

ADDITIONS TO DIRECTOR LIST

TITLE

D NAME DENISE HEINEMANN

STREET ADDRESS 10501 FGCU BLVD. SOUTH

CITY, ST, ZIP

FORT MYERS, FL 33916

TITLE

NAME JAMES O. HOLBROOK

STREET ADDRESS 1001 NORTH WATERWAY DRIVE

CITY, ST, ZIP FORT MYERS, FL 33919

TITLE

GREG MARGERUM NAME

STREET ADDRESS PO BOX 456

CITY, ST, ZIP FORT MYERS, FL 33902

TITLE

NAME ROBERT L. MURRAY

STREET ADDRESS 6202F PRESIDENTIAL COURT

CITY, ST, ZIP FORT MYERS, FL 33919

TITLE D

NAME RICHARD P. NELSON STREET ADDRESS 1533 SENIOR COURT

CITY, ST, ZIP LEHIGH ACRES, FL 33975

TITLE D

NAME JOSEPH E. BARBEE STREET ADDRESS 1936 GRACE AVENUE

CITY, ST, ZIP FORT MYERS, FL 33901