

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91353 021 ****61.25

DOCUMENT # N98000003721

1. Entity 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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

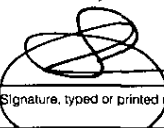
City & State: City & State
Zip: Country Zip: Country

Barcode: 00021280
DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0850574
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DALTON, ANNE ESQ
2044 BAYSIDE PKWY
FT. MYERS FL 33901

7. Name and Address of New Registered Agent
Name: Leah Meshelle Snyder
Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street
City: Fort Myers FL Zip Code: 33901

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: 
(NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME: PD MILLER, DENNIS L STREET ADDRESS: 3770 LITTLE CREEK DRIVE CITY-ST-ZIP: FT MYERS FL 33902	<input checked="" type="checkbox"/> Delete
TITLE NAME: CD DALTON, ANNE ESQ STREET ADDRESS: 2044 BAYSIDE PKWY CITY-ST-ZIP: FT. MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME: SD DALTON, THOMAS J STREET ADDRESS: 2040 BAYSIDE PARKWAY CITY-ST-ZIP: FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME: D BURKETT, RHETTA STREET ADDRESS: 2220 RIVER OAK LANE SE CITY-ST-ZIP: FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME: TD EDWARDS, WESTON R STREET ADDRESS: 16121 ROSERUSH CT. CITY-ST-ZIP: FT. MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME: D SAWYER, RITA G STREET ADDRESS: 1201 SW 44TH ST CITY-ST-ZIP: CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME: PCD Anne Dalton STREET ADDRESS: PO Box 1574 CITY-ST-ZIP: Fort Myers, FL 33902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: TD Thomas J. Dalton STREET ADDRESS: 2040 Bayside Parkway CITY-ST-ZIP: Fort Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: VC/D Joseph E. Barbee STREET ADDRESS: 1936 Grace Avenue CITY-ST-ZIP: Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: SD Robert L. Murray STREET ADDRESS: 6202F Presidential Court CITY-ST-ZIP: Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: D Donald P. Amenta STREET ADDRESS: 1739 Golf Club Drive #7 CITY-ST-ZIP: Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: D Corine Civitella STREET ADDRESS: 19486 Saddlebrook Court CITY-ST-ZIP: North Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:  Thomas J. Dalton (941) 332-8785
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)