2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State
02-09-2005 90046 009 ***150.00

DOCUMENT # 377391

1. Entity Name

SOUTHSIDE NURSING CENTER, INC.

Principal Place of Business	Mailing Address
~~2548 IRONWOOD DR~~ JACKSONVILLE FL 32216 US	~~2548 IRONWOOD DR~~ JACKSONVILLE FL 32216 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
9960 Atrium Way	9960 Atrium Way
Suite, Apt. #, etc.: #417	Suite, Apt. #, etc.: #417
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32225 Country: U.S.A.	Zip: 32225 Country: U.S.A.

4. FEI Number 59-1350185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVAGE, RAYMOND R ~~2548 IRONWOOD DR~~ JACKSONVILLE FL 32216	Name: Street Address (P.O. Box Number is Not Acceptable): 9960 Atrium Way, #417 City: Jacksonville FL Zip Code: 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Raymond R. Savage 3-1-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAVAGE, KATHLEEN C ~~2548 IRONWOOD DR~~ JACKSONVILLE FL	☐ Delete	☒ Change ☐ Addition	9960 Atrium Way, #417 Jacksonville, Florida 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SAVAGE, RAYMOND R ~~2548 IRONWOOD DR~~ JACKSONVILLE FL	☐ Delete	☒ Change ☐ Addition	9960 Atrium Way, #417 Jacksonville, Florida 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADD / CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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 607, 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: Raymond R. Savage 2-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #