

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003721

FILED
Apr 29, 2005
Secretary of State

Entity Name: SHADY REST CARE PAVILION, INC.

Current Principal Place of Business:

2310 NORTH AIRPORT RD.
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2310 NORTH AIRPORT RD.
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0850574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, WESTON R CEO
2310 NORTH AIRPORT RD
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

EDWARDS, WESTON R
2310 NORTH AIRPORT RD
FT. MYERS, FL 33907 US

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: WESTON R. EDWARDS

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: BARBEE, JOSEPH
Address: 1936 GRACE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: PCD () Delete
Name: DALTON, ANNE ESQ
Address: 2044 BAYSIDE PARKWAY
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: DALTON, THOMAS J
Address: 2040 BAYSIDE PARKWAY
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: MURRAY, ROBERT L
Address: 6202F PRESIDENTIAL COURT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: AMENTA, DONALD P
Address: 1739 GOLF CLUB DRIVE # 7
City-St-Zip: FORT MYERS, FL 33903

Title: D () Delete
Name: BENNETT, KAREN
Address: 380 E. NORTSHORE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCD (X) Change () Addition
Name: BARBEE, JOSEPH E
Address: 1936 GRACE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: PCD (X) Change () Addition
Name: DALTON, ANNE
Address: 2044 BAYSIDE PARKWAY
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. DALTON

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date