

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003721

FILED
Feb 09, 2010
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
2310 NORTH AIRPORT RD
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: EDWARDS, WESTON R
Address: 2310 NORTH AIRPORT ROAD
City-St-Zip: FORT MYERS, FL 33907

Title: CD
Name: MURRAY, ROBERT L
Address: 6200 WHISKEY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: VD
Name: BLANCHARD, DONALD
Address: 15460 HUNTINGTON COURT
City-St-Zip: FORT MYERS, FL 33912

Title: TD
Name: MCCURDY, ROBERT C
Address: 1613 NORTHEAST SIXTH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: SD
Name: GELPI, TINA
Address: FGCU - 10501 FGCU BOULEVARD
City-St-Zip: FORT MYERS, FL 339656565

Title: D
Name: STEVENS, MARK
Address: 6208 WHISKEY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: WESTON R. EDWARDS

P

02/09/2010

Electronic Signature of Signing Officer or Director

_____ Date