

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

0014234

DOCUMENT # N98000003721



1. Entity Name
SHADY REST CARE PAVILION, INC.

09-08-2003 90321 022 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0850574**

Applied For
Not Applicable

Zip Country

Zip Country

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

**SNYDER, LEAH MESHELLE
1833 HENDRY STREET
FT. MYERS FL 33901**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARBEE, JOSEPH 1936 GRACE AVENUE FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DALTON, ANNE ESQ 2044 BAYSIDE PARKWAY FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALTON, THOMAS J 2040 BAYSIDE PARKWAY FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, ROBERT L 6202F PRESIDENTIAL COURT FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMENTA, DONALD P 1739 GOLF CLUB DRIVE # 7 FORT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHMORE, ROBIN 3403-1 HANCOCK BRIDGE PARKWAY NORTH FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *[Signature]* **9/6/03 (239) 931-8402**

CR2E037 (4/03)

Attachment 86145528

SHADY REST CARE PAVILION, INC., DOCUMENT # N98000003721
ANSWER TO ITEM # 11

TITLE D ADDITION
NAME KAREN BENNETT
STREET ADDRESS 380 E. NORTHSORE DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE D ADDITION
NAME LARRY D. HART
STREET ADDRESS 1469 MORENO AVENUE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D ADDITION
NAME DENISE HEINEMANN
STREET ADDRESS 10501 FGCU BLVD.
CITY-ST-ZIP FORT MYERS, FL 33965-6565

TITLE D ADDITION
NAME JAMES O. HOLBROOK
STREET ADDRESS 12250 COCONUT CREEK CT
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE D ADDITION
NAME DEE MASON
STREET ADDRESS 20990 RIVERS FORD
CITY-ST-ZIP ESTERO, FL 33928

TITLE D ADDITION
NAME DR. HENRY OGEDEGBE
STREET ADDRESS 10501 FGCU BLVD.
CITY-ST-ZIP FORT MYERS, FL 33965-6565

TITLE D ADDITION
NAME REINA L. SCHLAGER
STREET ADDRESS 8695 COLLEGE PARKWAY, SUITE 205
CITY-ST-ZIP FORT MYERS, FL 33919