

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003721

**Entity Name:** SHADY REST CARE PAVILION, INC.**Current Principal Place of Business:**2310 NORTH AIRPORT RD.  
FT. MYERS, FL 33907**Current Mailing Address:**2310 NORTH AIRPORT RD.  
FT. MYERS, FL 33907**FEI Number:** 65-0850574**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            CHAIRMAN, DIRECTOR  
Name            MURRAY, ROBERT L  
Address        6200 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            VC, DIRECTOR  
Name            MCCURDY, ROBERT C  
Address        1613 NORTHEAST SIXTH TERRACE  
City-State-Zip: CAPE CORAL FL 33909

Title            SECRETARY, DIRECTOR  
Name            CARLSON, SHEILA  
Address        7221 KUMQUAT ROAD  
City-State-Zip: FORT MYERS FL 33967

Title            TREASURER, DIRECTOR  
Name            MOLZOW, TRICIA  
Address        2820 SE 19TH PLACE  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            VANDUIJN, ARIE J.  
Address        12601 STRATHMORE LOOP  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            STECHER, JO  
Address        633 ASTARIAS CIRCLE  
City-State-Zip: FORT MYERS FL 33965

Title            DIRECTOR  
Name            WINCHELL, ALBERT  
Address        15320 LAGUNA HILLS DRIVE  
City-State-Zip: FORT MYERS FL 33908

*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**PRESIDENT****04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date