

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003721

Entity Name: SHADY REST CARE PAVILION, INC.**Current Principal Place of Business:**6200 WHISKEY CREEK DR
FT. MYERS, FL 33919**Current Mailing Address:**6200 WHISKEY CREEK DR
FT. MYERS, FL 33919 US**FEI Number:** 65-0850574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNCAN, GORDON R
1601 JACKSON ST #101
FT. MYERS, FL 33901 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	CHAIRMAN
Name	MURRAY, ROBERT L
Address	4100 CENTER POINT DR 112
City-State-Zip:	FT. MYERS FL 33916
Title	PC
Name	MURRAY, ROBERT L
Address	6200 WHISKEY CREEK DRIVE
City-State-Zip:	FORT MYERS FL 33919
Title	S
Name	WHARTON, SANDRA
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT. MYERS FL 33919

Title	D
Name	VAN DUIJN, ARIE J
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT. MYERS FL 33919
Title	VC
Name	STECHER, JO
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT. MYERS FL 33919
Title	T
Name	CARLSON, SHEILA
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT. 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: ROBERT L. MURRAY**CHAIRMAN****02/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date