

2022 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 T
Name CARLSON, SHEILA
Address 6200 WHISKEY CREEK DR
City-State-Zip: FT. MYERS FL 33919

Title D, S
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

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 MURRAY**PRESIDENT****04/04/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date