

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003721

**FILED**  
**Feb 19, 2016**  
**Secretary of State**  
**CC0514450960**

**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:** Yes

**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  
Name            MURRAY, ROBERT L  
Address        2310 NORTH AIRPORT RD.  
City-State-Zip: FT. MYERS FL 33907

Title            VC  
Name            MCCURDY, ROBERT C  
Address        2310 NORTH AIRPORT RD.  
City-State-Zip: FT. MYERS FL 33907

Title            TREASURER  
Name            CARLSON, SHEILA  
Address        2310 NORTH AIRPORT RD.  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            VAN DUJIN, ARIE J.  
Address        2310 NORTH AIRPORT RD.  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            STECHER, JO  
Address        2310 NORTH AIRPORT RD.  
City-State-Zip: FT. MYERS FL 33907

Title            SECRETARY  
Name            WHARTON, SANDRA  
Address        2310 NORTH AIRPORT RD.  
City-State-Zip: FT. MYERS FL 33907

*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**

**02/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date