

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377391

Entity Name: SOUTHSIDE NURSING CENTER, INC.

Current Principal Place of Business:

9960 ATRIUM WAY
#739
JACKSONVILLE, FL 32225

Current Mailing Address:

529 SO. PROSPECT ST.
CRESCENT CITY, FL 32112 US

FEI Number: 59-1350185

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAVAGE, RAYMOND R
9960 ATRIUM WAY #739
JACKSONVILLE, FL 32225 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 PTD
Name SAVAGE, RAYMOND R
Address 9960 ATRIUM WAY #739
City-State-Zip: JACKSONVILLE FL 32225

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND R. SAVAGE

PTD

03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date