## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business 585 EAST SUMMERLIN STREET BARTOW FL 33830-4734

2. Principal Place of Business

DOCUMENT # 007118

(3)

LAKE GARFIELD NURS

-	_	-	-	_	-
SE	Ri	ES	C	O	MPANY

Malling Address
P.O. BOX 154 BARTOW FL 33831-0154 US

## **FILED** May 12 1997 8:00am Secretary of State



3a. Date of Last Report

05/14/1996

3. Date Incorporated or Qualified

03/10/1915

	lace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21 890 S	. Jackson Street	26			59-0323915	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
22		27			5. Certificate of Status Dustreo	Fee Required			
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be			
23 Barto	w, Florida	28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,				
24 33830	25 USA	29	30		No				
	9. Name and Address of Current	Registered Agent		-,	10. Name and Address of New Registered Agent				
	an, Philip R.		81	Name	me				
890	SOUTH JACKSON AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)					
BART	TOW FL 33830		[ ]						
			83	83					
			-	84 City 85 Zip Code					
			102	City	FL.	85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statut	les, the abov	re-named corp		changing its registered			
office or t	egistered agent, or both, in the State of	of Florida, Such change was a	authorized b	y the corporation	oration submits this statement for the purpose of on's board of directors. I horeby accept the appr	pintment as registered			
	an ranna with, and according the congac	10118 01, 00001011 007.0200, 11	onda otatote	Α,					
SIGNATURE:	Signature, typed or printed name of registered agent	and title II ambigable (NO)	If: Registered Ad	gent signature require	od when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12			
TITLE	VS	DELETE	1.1 THILE			Change Addition			
NAME	BRYAN, JAMES L.		1.2 NAME	1					
STREET ADDRESS	435 E CONANT STREET	1 - "		1 ADDRESS		]			
CITY-ST-ZIP	BARTOW FL		1.4 CITY-			}!			
TITLE	PI	DELETE	2.1 TITLE	51-2IF		Change Addition			
NAME	BRYAN, PHILIP R.	E.J breen	22 NAME	j					
STREET ADDRESS	890 S JACKSON AVENUE			, ,,,,,,,,,,					
]	BARTOW FL			1 ADDRESS					
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY - 3.1 TITLE	· \$1-7II <sup>2</sup>		Change Addition			
NAME	BRYAN, DON S.			ĺ		Change [1] Vacition			
	385 PEARL STREET		3.2 NAME	ì		1			
STREET ADDRESS	BARTOW FL			T ADDRESS					
CITY-ST-ZIP	DANTOW PL	Delete	3 4. CITY	S1 - ZIP					
TITLE		☐ DELE1€	4.1 TALE	}		Change Addition			
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<b></b>			
TITLE		DELETE	5.1 TITLE			Change Addition			
NAME			52 NAME	ł					
STREET ADDRESS			5.3 STREE	T ADDRESS		J			
CITY-ST-ZIP			5.4 CITY -	S1-ZIP					
TITLE		DELETE	61 TITLE			☐ Change ☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	1 ADDRESS		ſ			
CITY-ST-ZIP			64 OHY-	\$1 - ZIP					
14. Ldo herel	by certify that the information supplied	with this filing does not quali	ly for the ex	emption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the			
Information inclicated on this annual point or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the configuration or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if countries, or on a alta princip with an address.									