SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 334406 (6)

1. Corporation Name

ALHAMBRA NURSING HOME, INC.

Principal Place of Business	Mailing Address
7501 38TH AVENUE NORTH ST. PETERSBURG FL 33710	7501 38TH AVENUE NORTH ST. PETERSBURG FL 33710

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 08/28/1968
3a. Date of Last Report: 06/06/1995
4. FEI Number: 59-1235725 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GROWNEY (MARGARET B)
7501 38TH AVENUE N
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Margaret B. Growney
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GROWNEY, MARGARET B.		1.2 NAME	
STREET ADDRESS	7986 CAUSEWAY BV SO		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GROWNEY, LAURENCE M.		2.2 NAME	
STREET ADDRESS	7501 38TH AVE. N.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GROWNEY, GERARD		3.2 NAME	
STREET ADDRESS	7986 CAUSEWAY BV SO		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GATHINGS, NORA		4.2 NAME	
STREET ADDRESS	4421 KENNESAW DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCKEOWN, HELEN M.		5.2 NAME	
STREET ADDRESS	7889 CAUSEWAY BLVD. N.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret B. Growney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)