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FILED
Feb 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 334406

1. Corporation Name
ALHAMBRA NURSING HOME, INC.

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

Mailing Address
7501 38TH AVENUE NORTH
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1968

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 owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GROWNEY, MARGARET B.
STREET ADDRESS 7986 CAUSEWAY BV SO
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TS ☐ DELETE

NAME GROWNEY, LAURENCE M.
STREET ADDRESS 7501 38TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V ☐ DELETE

NAME GROWNEY, GERARD
STREET ADDRESS 7986 CAUSEWAY BV SO
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME GATHINGS, NORA
STREET ADDRESS 4421 KENNESAW DR.
CITY-ST-ZIP BIRMINGHAM AL

TITLE D ☐ DELETE

NAME MCKEOWN, HELEN M.
STREET ADDRESS 7889 CAUSEWAY BLVD. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7455 38th Ave. N.
St. Petersburg, FL 33710

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

300 Brightwaters NE
St. Petersburg, FL 33704

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas/Sec. 1-7-99

(727) 345-9307

Date

Daytime Phone #

CR2E034 (11/98)