

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 377391

1. Entity Name
SOUTHSIDE NURSING CENTER, INC.



Principal Place of Business
9960 ATRIUM WAY
#417
JACKSONVILLE, FL 32225 US

Mailing Address
9960 ATRIUM WAY
#417
JACKSONVILLE, FL 32225 US



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1350185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, RAYMOND R
9960 ATRIUM WAY #417
JACKSONVILLE, FL 32225

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME SAVAGE, KATHLEEN C
STREET ADDRESS 9960 ATRIUM WAY #417
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE PTD
NAME SAVAGE, RAYMOND R
STREET ADDRESS 9960 ATRIUM WAY #417
CITY-ST-ZIP JACKSONVILLE, FL 32225

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000000834707
02/29/08-80001-026 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond R. Savage Raymond R. Savage 2/14/08 904-707-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

on 386-698-4545