

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377391

FILED
Mar 08, 2011
Secretary of State

Entity Name: SOUTHSIDE NURSING CENTER, INC.

Current Principal Place of Business:

9960 ATRIUM WAY
#417
JACKSONVILLE, FL 32225 US

Current Mailing Address:

9960 ATRIUM WAY
#417
JACKSONVILLE, FL 32225 US

FEI Number: 59-1350185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

9960 ATRIUM WAY
#519
JACKSONVILLE, FL 32225 US

New Mailing Address:

9960 ATRIUM WAY
#419
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SAVAGE, RAYMOND R
9960 ATRIUM WAY #519
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:

03/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: SAVAGE, KATHLEEN C
Address: 9960 ATRIUM WAY #519
City-St-Zip: JACKSONVILLE, FL 32225

Title: PTD
Name: SAVAGE, RAYMOND R
Address: 9960 ATRIUM WAY #519
City-St-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

03/08/2011

Electronic Signature of Signing Officer or Director

Date