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Jun 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 415728

1. Corporation Name

Lakeview Nursing Center, Inc.

Principal Place of Business

Mailing Address

919 East Second Street  
Sanford, Florida 32771

3. Date Incorporated or Qualified  
12/29/72

3a. Date of Last Report  
4/25/97

2. Principal Place of Business

21 919 E. 2nd Street

Suite, Apt. #, etc.

22 City & State

23 Sanford, FL

24 Zip 32771

25 Country Seminole

2a. Mailing Address

26 919 E. 2nd Street

Suite, Apt. #, etc.

27 City & State

28 Sanford, FL

29 Zip 32771

30 Country Seminole

4. FEI Number

59-1427212

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

10. Name and Address of New Registered Agent

Miller, Joseph H.  
919 East Second Street  
Sanford, Florida 32771

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 Joseph H. Miller, N.H.A.

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME Margaret M. Miller  
STREET ADDRESS 919 East Second Street  
CITY-ST-ZIP Sanford, Florida 32771

TITLE Secretary/Treasurer ☒ DELETE

NAME Margaret M. Miller  
STREET ADDRESS 919 East Second Street  
CITY-ST-ZIP Sanford, FL 32771

TITLE Vice President ☐ DELETE

NAME Joseph H. Miller  
STREET ADDRESS 919 East Second Street  
CITY-ST-ZIP Sanford, FL 32771

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Secretary/Treasurer  
Amy L. Rice  
919 East Second Street  
Sanford, FL 32771

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*61.25

14. I do 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.

SIGNATURE: Joseph H. Miller, NHA

6/23/97 (407) 322-6707

CR2E034 (9/96)