


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90029 035 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 415728					
1. Corporation Name LAKEVIEW NURSING CENTER, INC.					
Principal Place of Business 919 EAST 2ND ST. SANFORD FL 32771			Mailing Address 919 EAST 2ND ST. SANFORD FL 32771		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1427212	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLER, JOSEPH H 919 EAST SECOND STREET SANFORD FL 32771				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, MARGARET M		1.2 NAME		
STREET ADDRESS	919 EAST 2ND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, AMY L		2.2 NAME		
STREET ADDRESS	919 EAST 2ND ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JOSEPH H		3.2 NAME		
STREET ADDRESS	919 EAST 2ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 to my address, with all other like empowered.

SIGNATURE:

Joseph Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Miller

Date

1-7-99

Daytime Phone #

407 322 6707

CR2E034 (1/98)