2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 AM
Secretary of State

DOCUMENT# 415728

Entity Name: LAKEVIEW NURSING CENTER, INC.

Current Principal Place of Business:

919 EAST 2ND ST.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

919 EAST 2ND ST.
SANFORD, FL 32771

New Mailing Address:

PO BOX 470427
LAKE MONROE, FL 32747

FEI Number: 59-1427212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JOSEPH H
919 EAST SECOND STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MILLER, JOSEPH H
PO BOX 470427
LAKE MONROE, FL 32747 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: JOSEPH H. MILLER 05/14/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, MARGARET M
Address: 919 EAST 2ND ST.
City-St-Zip: SANFORD, FL 32771

Title: ST ( ) Delete
Name: RICE, AMY L
Address: 919 EAST 2ND ST.
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete
Name: MILLER, JOSEPH H
Address: 919 EAST 2ND ST.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, MARGARET M
Address: PO BOX 470427
City-St-Zip: LAKE MONROE, FL 32747

Title: ST (X) Change ( ) Addition
Name: RICE, AMY L
Address: PO BOX 470427
City-St-Zip: LAKE MONROE, FL 32747

Title: VP (X) Change ( ) Addition
Name: MILLER, JOSEPH H
Address: PO BOX 470427
City-St-Zip: LAKE MONROE, FL 32747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH H. MILLER VP 05/14/2002
Electronic Signature of Signing Officer or Director Date