2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004
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:

PO BOX 1517
MOUNT DORA, FL 32757

New Mailing Address:

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
38048 CAMARAN LN
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

MILLER, JOSEPH H
38048 CATAMARAN LN
EUSTIS, FL 32736 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 07/07/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, MARGARET M
Address: P.O. BOX 1517
City-St-Zip: MOUNT DORA, FL 32757

Title: ST ( ) Delete
Name: RICE, AMY L
Address: P.O. BOX 1517
City-St-Zip: MOUNT DORA, FL 32757

Title: VP (X) Delete
Name: MILLER, JOSEPH H
Address: P.O. BOX 1517
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, JOSEPH H
Address: P.O. BOX 1517
City-St-Zip: MOUNT DORA, FL 32756

Title: ST (X) Change ( ) Addition
Name: RICE, AMY L
Address: P.O. BOX 1517
City-St-Zip: MOUNT DORA, FL 32756

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 P 07/07/2004
Electronic Signature of Signing Officer or Director Date