2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415728

Entity Name: LAKEVIEW NURSING CENTER, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
919 EAST 2ND ST. SANFORD, FL 32771	38048 CATAMARAN LN EUSTIS, FL 32736

Current Mailing Address:	**New Mailing Address:**
PO BOX 1517 MOUNT DORA, FL 32757	PO BOX 1517 MOUNT DORA, FL 32756

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MILLER, JOSEPH H 38048 CATAMARAN LN EUSTIS, FL 32736 US	MILLER, JOSEPH H PO BOX 1515 MOUNT DORA, FL 32756 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   01/03/2005

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MILLER, JOSEPH H	Name:	
Address:	P.O. BOX 1517	Address:	
City-St-Zip:	MOUNT DORA, FL 32756	City-St-Zip:	
Title:	ST ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RICE, AMY L	Name:	
Address:	P.O. BOX 1517	Address:	
City-St-Zip:	MOUNT DORA, FL 32756	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   01/03/2005

Electronic Signature of Signing Officer or Director   Date