

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-09-2003 90085 018 ***150.00

DOCUMENT # 415728

1. Entity Name

LAKEVIEW NURSING CENTER, INC.



Principal Place of Business
919 EAST 2ND ST.
SANFORD FL 32771

Mailing Address
PO BOX 470427
LAKE MONROE FL 32747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1427212

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JOSEPH H

PO BOX 470427

LAKE MONROE FL 32747

Name Miller Joseph H

Street Address (P.O. Box Number is Not Acceptable)

38046 Catamaran, LA

Eustis FL Zip Code 32736

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-6-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MILLER, MARGARET M
STREET ADDRESS PO BOX 470427
CITY-ST-ZIP LAKE MONROE FL 32747 ☐ Delete

TITLE P.O. BOX 1517
NAME MOUNT DORA, FL 32757
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
NAME RICE, AMY L
STREET ADDRESS PO BOX 470427
CITY-ST-ZIP LAKE MONROE FL 32747 ☐ Delete

TITLE P.O. BOX 1517
NAME MOUNT DORA, FL 32757
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME MILLER, JOSEPH H
STREET ADDRESS PO BOX 470427
CITY-ST-ZIP LAKE MONROE FL 32747 ☐ Delete

TITLE P.O. BOX 1517
NAME MOUNT DORA, FL 32757
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 2003 407-810-8940
Date Daytime Phone #

CR2E034 (10/02)