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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **530522** **(2)**

1. Corporation Name
PANHANDLE NURSING CARE, INC.

Principal Place of Business	Mailing Address
~~1030 UNDERWOOD AVE.~~ ~~P. O. BOX 5~~ ~~PENSACOLA FL 32501~~	~~1030 UNDERWOOD AVE.~~ ~~P. O. BOX 5~~ ~~PENSACOLA FL 32591-0005~~

3. Date Incorporated or Qualified: 03/31/1977
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business	2a. Mailing Address
21 226 PALAFOX PLACE	26 226 PALAFOX PLACE
Suite, Apt. #, etc 22 3RD FLOOR	Suite, Apt. #, etc 27 3RD FLOOR
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip / Country 24 32501 / 25	Zip / Country 29 32501 / 30

4. FEI Number: 59-1955622 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~JOHNSON, LARRY B. JR.~~ ~~1020 E DESOTO ST~~ ~~PENSACOLA FL 32501~~	81 Name: R. BRENT MAGGIO 82 Street Address (P.O. Box Number is Not Acceptable): 226 PALAFOX PLACE 83: 3RD FLOOR 84 City: PENSACOLA FL 85 Zip Code: 32501

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: R. Brent Maggio, President DATE: 1/31/97
Signature of officer or director of registered agent firm, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~STV~~ ☐ DELETE	11 TITLE	STV ☐ Change ☐ Addition
NAME	~~JOHNSON, MICHAEL L.~~	12 NAME	R. BRENT MAGGIO
STREET ADDRESS	~~2311 GLAMIS DR.~~	13 STREET ADDRESS	226 PALAFOX PLACE, 3RD FLOOR
CITY-ST-ZIP	~~PENSACOLA FL~~	14 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	~~P~~ ☐ DELETE	21 TITLE	P ☐ Change ☐ Addition
NAME	~~JOHNSON, LARRY B, JR~~	22 NAME	R. BRENT MAGGIO
STREET ADDRESS	~~1020 E. DESOTO STREET~~	23 STREET ADDRESS	226 PALAFOX PLACE, 3RD FLOOR
CITY-ST-ZIP	~~PENSACOLA FL~~	24 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 with an address.

SIGNATURE: R. BRENT MAGGIO 1/31/97 904/432-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #