

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 530522

FILED
Nov 28, 2012
Secretary of State

Entity Name: PANHANDLE NURSING CARE, INC.

Current Principal Place of Business:

211 SABINE DR.
PENSACOLA BEACH, FL 32561 US

New Principal Place of Business:

1 LBJ SR DRIVE
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

211 SABINE DR.
PENSACOLA BEACH, FL 32561 US

New Mailing Address:

5887 GLENRIDGE DR
SUITE 150
ATLANTA, GA 30328

FEI Number: 59-1955622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAGGIO, R. BRENT
211 SABINE DR.
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: NOTERMANN, JOHN J
Address: 5887 GLENRIDGE DRIVE, STE 150
City-St-Zip: ATLANTA, GA 30328

Title: VP
Name: CRONQUIST, ROYCE M
Address: 5887 GLENRIDGE DR, STE 150
City-St-Zip: ATLANTA, GA 30328

Title: VP
Name: KELLY, MICHELLE
Address: 5887 GLENRIDGE DR, STE 150
City-St-Zip: ATLANTA, GA 30328

I hereby 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 all other like empowered.

SIGNATURE: R MARK CRONQUIST

VP

11/28/2012

Electronic Signature of Signing Officer or Director

Date