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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 557941

1. Corporation Name

UNIVERSITY PARK CONVALESCENT CENTER, INC.

Principal Place of Business

**300 ESPLANADE DRIVE
#1860
OXNARD CA 93030**

Mailing Address

**300 ESPLANADE DRIVE
#1860
OXNARD CA 93030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1978

4. FEI Number

59-1871973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	DIMITRIADIS, ANDRE C	1.2 NAME	
STREET ADDRESS	300 ESPLANDE DRIVE, SUITE 1860	1.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	1.4 CITY-ST-ZIP	
TITLE	PTCF	2.1 TITLE	
NAME	PIECZYNSKI, JAMES J	2.2 NAME	
STREET ADDRESS	300 ESPLANDE DRIVE, SUITE 1860	2.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	2.4 CITY-ST-ZIP	
TITLE	SVCA	3.1 TITLE	
NAME	ISHIKAWA, CHRISTOPHER T	3.2 NAME	
STREET ADDRESS	300 ESPLANDE DRIVE, SUITE 1860	3.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	3.4 CITY-ST-ZIP	
TITLE	SVGC	4.1 TITLE	
NAME	PRIVETT, PAMELA J	4.2 NAME	
STREET ADDRESS	300 ESPLANDE DRIVE, SUITE 1860	4.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	SHAWAF, RAAD K	5.2 NAME	
STREET ADDRESS	300 ESPLANDE DRIVE, SUITE 1860	5.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

2.3.99 **(25) 981-8655**
Date Daytime Phone #

CR2E034 (1/98)