

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90228 020 ****70.00

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01312005 Chg-NP CR2E037 (10/03)

DOCUMENT # 715889					
1. Entity Name FLORIDA LIVING NURSING CENTER, INC.					
Principal Place of Business 655 N WYMORE RD WINTER PARK, FL 32789-1715 US			Mailing Address P. O. BOX 2626 WINTER PARK, FL 32790-2626 US		
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 59-1274507				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCMILLAN, FRANK 655 N WYMORE RD, STE 101 WINTER PARK, FL 32789			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAULEY, MICHAEL		NAME		
STREET ADDRESS	1225 GOLF POINT LOOP		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMILLAN, FRANK		NAME		
STREET ADDRESS	655 N WYMORE RD, STE 101		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERRILL, THOMAS L		NAME		
STREET ADDRESS	2306 WALNUT HEIGHTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODGERS, RONALD B		NAME		
STREET ADDRESS	600 EDGEHILL PLACE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEGRAND, JOSE A		NAME		
STREET ADDRESS	557 APOLLO AVE		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTHCUTT, LOIS		NAME		
STREET ADDRESS	615 CROSBY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL		CITY-ST-ZIP		
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 617, 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: <i>Jose A. LeGrand</i>		4-18-05		407-644-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	