

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715889

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: FLORIDA LIVING NURSING CENTER, INC.

**Current Principal Place of Business:**

655 N WYMORE RD  
WINTER PARK, FL 327891715 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2626  
WINTER PARK, FL 327902626 US

**New Mailing Address:**

FEI Number: 59-1274507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMILLAN, FRANK  
655 N WYMORE RD, STE 101  
WINTER PARK, FL 32789 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: PD ( ) Delete  
Name: CAULEY, MICHAEL  
Address: 1225 GOLF POINT LOOP  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: MCMILLAN,FRANK,  
Address: 655 N WYMORE RD, STE 101  
City-St-Zip: WINTER PARK, FL

Title: TD ( ) Delete  
Name: VERRILL, THOMAS L  
Address: 2306 WALNUT HEIGHTS ROAD  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: LEGRAND, JOSE A  
Address: 557 APOLLO AVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: NORTHUTT, LOIS,  
Address: 615 CROSBY DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NORTHUTT, LOIS  
Address: 615 CROSBY DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS NORTHUTT

D

03/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date