


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 035 ****70.00

DOCUMENT # 715889

1. Entity Name
FLORIDA LIVING NURSING CENTER, INC.



40083940



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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1274507 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCMILLAN, FRANK
655 N WYMORE RD, STE 101
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 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, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD CAULEY, MICHAEL 1225 GOLF POINT LOOP APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/P/D Michael F. Cauley 1225 Golf Point Loop Apopka, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMILLAN, FRANK 655 N WYMORE RD, STE 101 WINTER PARK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VERRILL, THOMAS L 2306 WALNUT HEIGHTS ROAD APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S/V/D Thomas L. Verrill 2306 Walnut Heights Road Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEGRAND, JOSE A 557 APOLLO AVE DELTONA, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORTHCUTT, LOIS 615 CROSBY DRIVE ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Glenn E. Carter 2458 Carol woods Way Apopka, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Thomas L. Verrill* Thomas L. Verrill, Vice President **(407) 644-5000**
 _____ Date **4/24/2007** Daytime Phone # _____

ATTACHMENT

40083940

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Florida Living Nursing Center, Inc.
Complete list of officers and directors

Officers/Directors listed in Box 10/11 of Annual Report

<u>Officers/Directors & Addresses</u>	<u>Title</u>
1 Michael F. Cauley 1225 Golf Point Loop Apopka, FL 32712	C/P/D
2 Frank McMillan 655 N. Wymore Road, Ste #101 Winter Park, FL 32789	D
3 Thomas L. Verrill 2306 Walnut Heights Road Apopka, FL 32703	T/S/V/D
4 Jose A. LeGrand 557 Apollo Avenue Deltona, FL 32725	D
5 Lois Northcutt 615 Crosby Drive Altamonte Springs, FL 32714	D
6 Glenn E. Carter 2458 Carol woods Way Apopka, FL 32712	V/D

Additional Officers/Directors not listed in Box 10/11 due to space limitations

<u>Additional Directors & Addresses</u>	<u>Title</u>
7 Carmen Rodriguez 2605 Sheffield Dr Deltona, FL 32738	D
8 Ken Burrill 2734 Cedar Knoll Drive Apopka, FL 32712	D
9 Jack Leach 646 Majestic Oak Drive Apopka, FL 32712	D
10 Nancy Pleasants 2536 Wyndam Bay Place Apopka, FL 32703	D
11 Steve Yost 600 Edgehill Pl, Apt 2900-108 Apopka, FL 32703	D