

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715889

FILED  
Apr 28, 2010  
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  
Name: CAULEY, MICHAEL F  
Address: 1225 GOLF POINT LOOP  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: MCMILLAN,FRANK  
Address: 655 N WYMORE RD, STE 101  
City-St-Zip: WINTER PARK, FL 32789

Title: TSVD  
Name: ROLLINS, DUANE C  
Address: 701 WHITE IVEY COURT  
City-St-Zip: APOPKA, FL 32712 33

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

Title: D  
Name: NORTHCUTT, LOIS  
Address: 615 CROSBY DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK MCMILLAN

D

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date