# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

'1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 2:56

OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750986 (2)

1. Corporation Name

~~MANDARIN MANOR, INC.~~
Southlake Nursing and Rehabilitation Center, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 10680 OLD ST AUGUSTINE RD<br>JACKSONVILLE FL 32257<br>US | 2709 ART MUSEUM DR<br>JACKSONVILLE FL 32207<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1980
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-2754919 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARTER JR, J E
10680 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | President ☒ Change ☐ Addition |
| NAME | COWART, JOE E | 12 NAME | John E Carter Jr |
| STREET ADDRESS | 1257 GROVE PARK BLVD. | 13 STREET ADDRESS | 5000 Pinewood Ave. |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | 14 CITY-ST-ZIP | Jacksonville, FL 32257 |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WERNOW, SHELDON DR. | 22 NAME | |
| STREET ADDRESS | 3207 OLD BARN COURT | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | D ☐ Change ☒ Addition |
| NAME | WILLIAMS, COY M | 32 NAME | Saleem N. Abdo |
| STREET ADDRESS | 6628 S NATHAN DRIVE | 33 STREET ADDRESS | 5518 Rives Forest Dr. |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | 34 CITY-ST-ZIP | Jacksonville, FL 32211 |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MAGNESON, LEE REV. | 42 NAME | |
| STREET ADDRESS | 12652 DUNRAVEN TERRACE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | JENKINS, LESTER W | 52 NAME | 000001478770 |
| STREET ADDRESS | 1507 MONTROSE AVENUE, E. | 53 STREET ADDRESS | -05/08/95--01046--007 |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | 54 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | D | 61 TITLE | Taw ☐ Change ☐ Addition |
| NAME | WISE, MANUEL F | 62 NAME | 5-1-95 |
| STREET ADDRESS | 1241 CATALINA ROAD, WEST | 63 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J E Carter Jr 4-24-95 904 268 1953
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0001488