

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # 750986 (2)

1. Corporation Name

SOUTHLAKE NURSING AND REHABILITATION CENTER, INC

Principal Place of Business

Mailing Address

10680 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257
US

2709 ART MUSEUM DR
JACKSONVILLE FL 32207
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/11/1980		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2754919		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name	Same
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D Randy Gordon
NAME	CARTER, JOHN E JR	1.2 NAME	
STREET ADDRESS	5000 PINWOOD AVE.	1.3 STREET ADDRESS	9116 Cypress Green Dr. Blyss
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	Jacksonville, Florida, 32257
TITLE	D	2.1 TITLE	
NAME	WERNOW, SHELDON DR.	2.2 NAME	
STREET ADDRESS	3207 OLD BARN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ABDO, SALEEM N	3.2 NAME	
STREET ADDRESS	5518 RIVES FOREST DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D Joe E. Cowart
NAME	MAGNUSON, LEE REV.	4.2 NAME	
STREET ADDRESS	12652 DUNRAVEN TERRACE	4.3 STREET ADDRESS	1257 Grock Park Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP	Jacksonville, Fla. 32216
TITLE	D	5.1 TITLE	
NAME	JENKINS, LESTER W	5.2 NAME	
STREET ADDRESS	1507 MONTROSE AVENUE, E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WISE, MANUEL F	6.2 NAME	
STREET ADDRESS	1241 CATALINA ROAD, WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

904-
398-7509

CR2E037 (12/95)