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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 750986 (2)
1. Corporation Name
SOUTHLAKE NURSING AND REHABILITATION CENTER, INC



Principal Place of Business Mailing Address
10680 OLD ST AUGUSTINE RD 2709 ART MUSEUM DR
JACKSONVILLE FL 32257 JACKSONVILLE FL 32207-5023
US US

3. Date Incorporated or Qualified 02/11/1980 3a. Date of Last Report 04/05/1996
4. FEI Number 59-2754919 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
D RANDY GORDON 9116 CYPRESS GREEN DR, BLDG 8500 JACKSONVILLE FL
D WERNOW, SHELDON DR. 3207 OLD BARN COURT PONTE VEDRA BEACH FL 32082
D ABDO, SALEEM N 5518 RIVES FOREST DR. JACKSONVILLE FL 32211
D JOE E COWART 1257 GROVE PARK BLVD JACKSONVILLE FL
D JENKINS, LESTER W 1507 MONTROSE AVENUE, E. JACKSONVILLE FL 32210
D WISE, MANUEL F 1241 CATALINA ROAD, WEST JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Carter, Jr.

4-29-97

904-268-5943

Date

Daytime Phone #0004988

CR2E037 (9/96)