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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750986

1. Corporation Name

SOUTHLAKE NURSING AND REHABILITATION CENTER, INC

Fillicipal Flace of business
10680 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257 US

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

10680 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257

US

26

FILED Apr 13, 1999 8:00 am § Secretary of State

04-13-1999 90096 043 ****61.25



3. Date Incorporated or Qualifed

02/11/1980

City & State Country City & State Country Country City & State Country Country Country City & State Country Country Country Country City & State Country Country Country Country Country Country Country City & State Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc."	-	~	4. FEI Number	-	Apr	lied For		
City & State City & State 28 Country 29 C	27					59-27549 <u>19</u>		Not	Applicable		
28 29 20 29 20 29 20 29 20 29 20 29 20 20						E. Contiferate of Status Desired	П	\$8.75 A	dditional		
Zip Country Zip Country Zip Country Countr	23	28			3. Certificate of Status			Fee Re	quired		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name CARTER, J.E. J.R. 10880 OLD ST AUGUSTINE RD JACKSONVILE FL 32257 12. Street Address (P.O. Box Number is Not Acceptable) 13. Variety of Company is Not Acceptable) 14. City 15. Surgiciant to the provisions of Sections \$17,0502 and \$17,1502. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finalize with, and accept the obligations of, Section is 17,0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finalize with, and accept the obligations of, Section is 17,0503. Florida Statutes, the above-named corporation is ubmits this statement for the purpose of changing its registered agent. I am finalize with, and accept the obligations of, Section is 17,0503. Florida Statutes, the above-named corporation is ubmits this statement for the purpose of changing its registered agent. I am finalize with, and accept the obligations of, Section is 17,0503. Florida Statutes, the above-named corporation is ubmits this statement for the purpose of changing its registered agent. I am finalize with, and accept the obligations of, Section is 17,0503. Florida Statutes, the above-named corporation is ubmits this statement for the purpose of changing its registered agent. I am finalize with a statement for the purpose of changing its registered agent. I am finalize with the corporation's board of directors. I hereby accept the obligations of the opporation and the purpose of changing its registered agent. I am finalize with the corporation's David finalized and the statement for the purpose of changing its registered agent. I am finalized the purpose of changing its registered agent. I am finalized the purpose of changing its registered agent. I am finalized the purpose of changing its registered agent. I am finalized the purpose of changing its registered agent. I am finalized the						6. Election Campaign Financing		\$5.00	May Be		
9. Name and Address of Current Rogistered Agent 10. Name and Address of New Registered Agent	24	25 29 30			Trust Fund Contribution			Added to	Fees		
CARTER, J.E. J.R. 10880 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257 46 City FL 85 Zip Code T1. 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 agent. an analysis of 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 15,0503, Florida Statutes. SIGNATURE Signature, 1994 printed name of registered agent and the registation. OFFICERS AND DIRECTORS IN 12 T12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD D DELETE 1:TITLE Change Addition NWE COWART, JOE E 1:TITLE Change Addition NWE STREET ADDRESS 2:TITLE Change Addition NWE WERNOW, SHELDON DR. 2:STREET ADDRESS ORTY-ST-ZP JACKSONVILLE FL 32257 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 322210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE 3:TITLE Change Addition NWE STREET ADDRESS JACKSONVILLE FL 32210 DELETE JACKSONVILLE FL						10. Name and Address of New Ro	egistered Ag	jent			
11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, 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 Fiorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in a finalizar with, and accept the obligations of, Section's \$17,0502 and \$17,0502, Florida Statutes. SIGNATURE Signature, typidd or printed name of registered agent and accept the obligations of, Section's Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD COWART, JOE E 11 TITLE COWART, JOE E 11 TITLE COWART, JOE E 13 TITLE D ONTE VEDRA BEACH FI 32082 14 CITY-ST-ZP 14 CITY-ST-ZP 15 TITLE COMARD Addition WERNOW, SHELDON DR. 22 NAME STREET ADDRESS COTY-ST-ZP JACKSONVILLE FI, 32210 D CLEETE 13 TITLE Change Addition WISE, MANUEL F 32 STREET ADDRESS COTY-ST-ZP JACKSONVILLE FI, 32216 D CLEETE 51 TITLE Change Addition WISE, MANUEL F 32 STREET ADDRESS COTY-ST-ZP ADDRESS AND OSE BLYD. 33 STREET ADDRESS COTY-ST-ZP ADDRESS AND OSE BLYD. 34 COTY-ST-ZP ADDRESS AND OSE BLYD. 35 STREET ADDRESS COTY-ST-ZP ADDRESS AND OSE BLYD. 36 STREET ADDRESS COTY-ST-ZP ADDRESS AND OSE BLYD. 4 COTY-ST-ZP ADDRESS AND OSE BLYD. 5 STREET ADDRESS COTY-ST-ZP ADDRESS AND OSE BLYD. 5 STREET ADDRESS COTY-ST-ZP ADDRESS AND ADDRESS ADDRESS COTY-ST-ZP ADDRESS AND ADDRESS				81	Name				l		
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4. Thereby 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R2E037 (11/98)