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
95 JAN 31 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753542 (0)

1. Corporation Name
LAKE WALES CARE CENTER, INC.

Principal Place of Business	Mailing Address
200 E. ORANGE AVENUE LAKE WALES FL 33853	200 E. ORANGE AVENUE LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1980
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2015847 ☐ 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
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

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

9. Name and Address of Current Registered Agent

QUAM, ROBERT
200 E ORANGE AVE.
LAKE WALES FL 33853

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 Section 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: Robert Quam, Executive Director DATE: 1/10/95
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	TD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	WEIKERT, ROBERT	1.2 NAME	
STREET ADDRESS	3471 HARBOR BCH DR	1.3 STREET ADDRESS	100001395511
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	-02/01/95--01072--001
TITLE	PD	2.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT	2.2 NAME	
STREET ADDRESS	604 S. LAKE SHORE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, LAURA	3.2 NAME	
STREET ADDRESS	803 N LAKE SHORE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, CHARLES	4.2 NAME	
STREET ADDRESS	415 SUNSHINE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD ☐ Change ☒ Addition
NAME		5.2 NAME	Parlier, Mark
STREET ADDRESS		5.3 STREET ADDRESS	843 Campbell Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake Wales, FL
TITLE		6.1 TITLE	SD ☐ Change ☒ Addition
NAME		6.2 NAME	Templeton, Curt
STREET ADDRESS		6.3 STREET ADDRESS	3441 Harbor Beach Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lake Wales, FL 33853

1/31/95

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: MARK S. PARLIER VP — JANUARY 29, 1995 — (813)676-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015130