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

DOCUMENT # 753542 (0)

1. Corporation Name
LAKE WALES CARE CENTER, INC.

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

Mailing Address
200 E. ORANGE AVENUE
LAKE WALES FL 33853

3. Date Incorporated or Qualified: 07/30/1980
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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 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 Robert Quam, Executive Director — 3/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	WEIKERT, ROBERT	
STREET ADDRESS	3471 HARBOR BCH DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	☒ DELETE
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	604 S. LAKE SHORE BLVD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VD	☒ DELETE
NAME	HUNT, LAURA	
STREET ADDRESS	803 N LAKE SHORE BLVD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	SD	☒ DELETE
NAME	GREEN, CHARLES	
STREET ADDRESS	415 SUNSHINE DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VD	☐ DELETE
NAME	PARLIER, MARK	
STREET ADDRESS	843 CAMPBELL AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	TD	☐ DELETE
NAME	TEMPLETON, CURT	
STREET ADDRESS	3441 HARBOR BEACH DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	

13. SD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Carraway, Sarah	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS	149 E Stuart Ave	
1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	Barringer, Donna	
2.3 STREET ADDRESS	1117 Voncile	
2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME	Parlier, Mark	
5.3 STREET ADDRESS	843 Campbell Ave	
5.4 CITY-ST-ZIP	Lake Wales FL 33853	
6.1 TITLE	VD	☒ Change ☐ Addition
6.2 NAME	Templeton, Curt	
6.3 STREET ADDRESS	3441 Harbor Beach Dr.	
6.4 CITY-ST-ZIP	Lake Wales, FL 33853	

CR2E037 (12/95)

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)(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: MARK PARLIER — 3/15/96 — (941)676-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #