## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 753542 1. Entity Name LAKE WALES CARE CENTER, INC. Principal Place of Business 200 E. ORANGE AVENUE LAKE WALES FL 33853 2. Principal Place of Business IYO E. Park Ave. Suite, Apt. #, etc. City & State LAKE WALES FL 33853 3. Mailing Address IYO E. Park Ave. Suite, Apt. #, etc. City & State LAKE WALES FL 33853 Country 33853 6. Name and Address of Current Registered Agent OUAM, ROBERT 200 E ORANGE AVE. LAKE WALES FL 33853 City

## FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90145 043 \*\*\*\*61.25



| 140 E.   | ce of Business Park Ave  | 3. Mailing Address                | K Ave.  | 1 110011 1  | 8881 BLICK 1886 BEIN 1886 BUUN B | I DI I DI BILI BILI BILI BILI | J 43811 1881            |
|--|--|-----------------------------------|---|---|----------------------------------|-------------------------------|-------------------------|
| Suite, Apt. #,   | etc.   | Suite, Apt. #, etc.               |   |   | DO NOT WRITE IN T                | THIS SPACE                    |                         |
| City & State   | vales FC   | Lake Wales,                       | FL  | 4. FEI Numbe  | 59-2015847                       |                               | olied For<br>Applicable |
| Zip<br>33853   | Country<br>U.S. A  | 33853                             | Country A   | 5. Certificate  | of Status Desired                | \$8.75 Addit Fee Required     |                         |
|  | 6. Name and Address of Current   | Registered Agent                  |   | 7. Name and   | Address of New Registe           | ered Agent                    |                         |
| QUAM, ROBERT   |  |                                   |   | Name Street Address (P.O. Box Number is Not Acceptable) |                                  |                               |                         |
| 200 E ORA  |  |                                   |   |   | 110.0                            |                               |                         |
| LAKE WALI  | ES FL 33853  |                                   | City  |   |                                  | FL Zip Code                   |                         |
| 8. The above n   | named entity submits this statement fo   | r the purpose of changing its re  | gistered office or  | registered agent, or bo                                 | th, in the state of Florida.     |                               |                         |
|  | 11/1/  | 3                                 |   | 1 2   | /                                | 11                            |                         |
| SIGNATURE  | 14 W   | Kobert Quas                       | _,,,,   | white Direct  | Lor 4                            | 10/01                         | ··                      |
| S  | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: F | legistered Agent signatu  | ure required when reinstating)                          |                                  | DATE                          |                         |
|  | FILE NOW:  | 9. Election Campaign F            | inancino  | <b>\$5.00</b> May Be                                    | Make Ch                          | eck Payable to                |                         |
|  | FEE IS \$61.25   | Trust Fund Contribut              | ~ ~   | Added to Fees   |                                  | ment of State                 |                         |
| 4.5  | OFFICEDO AND DI  | DECTOR                            | <b>1</b> 44   | ADDITIONS (CI   | <br>                             | ND DIDECTORS IN               | 10                      |
| 10.  | OFFICERS AND DI  | Delete                            | 11.   | PD ADDITIONS/CF   | IANGES TO OFFICERS AI            | Thange                        | Addition                |
| NAME   | HUNT, LAURA  |                                   | NAME  | . 0   |                                  |                               |                         |
| OTDEET INDOCES   | DOD BUT AVECHADE DIVID   |                                   | OTREET LEGRESO  |   |                                  |                               |                         |
| STREET ADDRESS   | 803 N LAKESHORE BLVD   |                                   | STREET ADDRESS  |   |                                  |                               |                         |
| CITY-ST-ZIP  | LAKE WALES FL 33853  |                                   | CITY-ST-ZIP   | ./1   |                                  |                               |                         |
| CITY-ST-ZIP TITLE  | LAKE WALES FL 33853<br>PD  | <b>□</b> Delete                   | CITY-ST-ZIP   | VD<br>Dan Sime  |                                  | ☐ Change                      | Addition                |
| CITY-ST-ZIP  TITLE  NAME   | PD<br>PORTWOOD, RANDY  | L <b>P</b> Delete                 | CITY-ST-ZIP<br>TITLE<br>NAME  | Don Sims  | Dr.                              | ☐ Change                      | Addition                |
| CITY-ST-ZIP TITLE  | PD<br>PORTWOOD, RANDY<br>800 OHLINGER RD   | <b>L</b> Delete                   | CITY-ST-ZIP   | Don Sims<br>104 Destin                                  |                                  | ☐ Change                      | 4 Addition              |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD<br>PORTWOOD, RANDY  | ☐ Delete                          | CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | Don Sims<br>104 Destin                                  | Dr.<br>FC 33853                  | ☐ Change                      |                         |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE   |                                   | CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Don Sims<br>104 Destin                                  |                                  |                               |                         |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE 131 E. JOHNSON AVE  |                                   | CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | Don Sims<br>104 Destin                                  |                                  |                               |                         |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | LAKE WALES FL 33853 PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE 131 E. JOHNSON AVE LAKE WALES FL 33853                  | ☐ Delete                          | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Don Sims<br>104 Destin                                  |                                  | ☐ Change                      | Addition                |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE   | LAKE WALES FL 33853 PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE 131 E. JOHNSON AVE LAKE WALES FL 33853 TD               |                                   | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE   | Don Sims<br>104 Destin                                  |                                  |                               | Addition                |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  | LAKE WALES FL 33853 PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE 131 E. JOHNSON AVE LAKE WALES FL 33853 TD PARLIER, MARK | ☐ Delete                          | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Don Sims<br>104 Destin                                  |                                  | ☐ Change                      | Addition                |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  | PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE 131 E. JOHNSON AVE LAKE WALES FL 33853 TD PARLIER, MARK 215 E. PARK AVE     | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Don Sims<br>104 Destin                                  |                                  | ☐ Change                      | Addition                |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS   | LAKE WALES FL 33853 PD PORTWOOD, RANDY 800 OHLINGER RD BABSON PARK FL 33827 SD FRANCIS, GENE 131 E. JOHNSON AVE LAKE WALES FL 33853 TD PARLIER, MARK | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Don Sims<br>104 Destin                                  |                                  | ☐ Change                      | Addition                |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 (863)676-590

Daytime Phone

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