2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# 753542

Entity Name: LAKE WALES CARE CENTER, INC.

Current Principal Place of Business:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-2015847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUAM, ROBERT
140 E. PARK AVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MONTGOMERY, RANDY
Address: 210 PRESIDENTS DRIVE
City-St-Zip: LAKE WALES, FL 33859 US

Title: TD ( ) Delete
Name: JAHNA, JAMES
Address: P. O. DRAWER 840
City-St-Zip: LAKE WALES, FL 338530840

Title: SD ( ) Delete
Name: MORROW, YVONNE
Address: 3323 SLASH PINE DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VD ( ) Delete
Name: WEIKERT, ROBERT
Address: 3471 HARBOR BEACH DRIVE
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORROW, YVONNE DR.
Address: 3323 SPLASH PINE DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD (X) Change ( ) Addition
Name: JAHNA, JAMES MR.
Address: P. O. DRAWER 840
City-St-Zip: LAKE WALES, FL 338530840

Title: SD (X) Change ( ) Addition
Name: LIGHTSEY, CHARLOTTE MRS.
Address: 2230 SAM KEEN ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: VD (X) Change ( ) Addition
Name: MORROW, MIKE MR.
Address: 232 SOUTH LAKESHORE DRIVE
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. QUAM MR. 01/26/2006

Electronic Signature of Signing Officer or Director — Date