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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769699 (0)

1. Corporation Name

LIFE CARE PONTE VEDRA, INC.

Principal Place of Business	Mailing Address
1000 VICAR'S LANDING WAY PONTE VEDRA BEACH FL 32082	1000 VICAR'S LANDING WAY PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 08/04/1983

4. FEI Number: 59-2555812 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

JOHNSON, RAYMOND M
1000 VICARS LANDING WAY
PONTE VEDRA BCH FL 32082

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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, JAMES H		1.2 NAME		
STREET ADDRESS	400 SAN JUAN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOAN FARRELL		2.2 NAME		
STREET ADDRESS	8134 SEVEN MILE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	REGEL, ROBERT		3.2 NAME		
STREET ADDRESS	2065 HERSCHEL STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JOSEPH S		4.2 NAME		
STREET ADDRESS	2070 HARBOR DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	VPO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILTON FULTON		5.2 NAME		
STREET ADDRESS	4114 WINDSOR PARK DR. EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		5.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SETH ANDERSON		6.2 NAME		
STREET ADDRESS	113 OAK VIEW CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32084		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby 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.

SIGNATURE: Joan Farrell 4/28/98 904-273-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001262