

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854418

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: SUBURBAN NURSING & MOBILE HOMES, INC.

## Current Principal Place of Business:

5710 WOOSTER PIKE  
SUITE 122  
CINCINNATI, OH 45227 US

## New Principal Place of Business:

## Current Mailing Address:

5710 WOOSTER PIKE  
SUITE 122  
CINCINNATI, OH 45227 US

## New Mailing Address:

FEI Number: 31-0742794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLER, GERALD L  
2850 NEW TAMPA HWY  
LAKELAND, FL 33801 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KELLER, ARLEENE  
Address: 5710 WOOSTER PIKE, SUITE 122  
City-St-Zip: CINCINNATI, OH 45227

Title: VP ( ) Delete  
Name: KELLER, BONNIE J  
Address: 2850 NEW TAMPA HWY  
City-St-Zip: LAKELAND, FL

Title: ST ( ) Delete  
Name: KELLER, GERALD L.,  
Address: 2850 NEW TAMPA HWY  
City-St-Zip: LAKELAND, FL

Title: S ( ) Delete  
Name: ALLEN, JEAN  
Address: 5710 WOOSTER PIKE, SUITE 122  
City-St-Zip: CINCINNATI, OH

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KELLER, GERALD L  
Address: 2850 NEW TAMPA HWY  
City-St-Zip: LAKELAND, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLEENE KELLER

P

01/18/2008

Electronic Signature of Signing Officer or Director

Date