2001 UNIFORM BUSINESS REPORT (UBR)

000698 AB

DOCUMENT # A17589

1. Entity Name

THE ATRIUM OF JACKSONVILLE, LTD.

FILED
01 APR 19 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
SUN HEALTHCARE GROUP. - LEGAL DEPT. 101 SUN AVENUE N.E. ALBUQUERQUE NM 87109	SUN HEALTHCARE GROUP. - LEGAL DEPT. 101 SUN AVENUE N.E. ALBUQUERQUE NM 87109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 68-0028706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$172,250.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	DEMETREE, JACK C.	CITY-ST-ZIP	
STREET ADDRESS	3740 BEACH BLVD. STE.300		
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #		STREET ADDRESS	
NAME	DEMETREE, BETTY A.	CITY-ST-ZIP	000004103220--2
STREET ADDRESS	3740 BEACH BLVD. STE.300		05/01/01--01095--016
CITY-ST-ZIP	JACKSONVILLE FL		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME	DEMETREE, WILLIAM C.	CITY-ST-ZIP	
STREET ADDRESS	3348 EDGEWATER DRIVE		
CITY-ST-ZIP	ORLANDO FL		
DOCUMENT #		STREET ADDRESS	
NAME	DEMETREE, SARA N.	CITY-ST-ZIP	
STREET ADDRESS	3348 EDGEWATER DRIVE		
CITY-ST-ZIP	ORLANDO FL		
DOCUMENT #	F99000005179	STREET ADDRESS	
NAME	RETIREMENT CARE G.P. CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	101 SUN AVENUE NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED _____ 4.11.01 505.821.3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #