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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90150789

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000000402

1. Entity Name
MAGNOLIA-LTC, INC.

Principal Place of Business	Mailing Address
4611-4 U.S. HWY. 17 ORANGE PARK, FL 32003	4611-4 U.S. HWY. 17 ORANGE PARK, FL 32003

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3339 U.S. Hwy. 17	3339 U.S. Hwy. 17
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: Green Cove Springs, FL
Zip: 32043 Country: Clay	Zip: 32043 Country: Clay

4. FEI Number: 02-0539738 ☐ 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
MITTAUER, ELIZABETH A 4611-4 U.S. HWY. 17 ORANGE PARK, FL 32003	Name: Joyce A. Williams Street Address (P.O. Box Number is Not Acceptable): 3339 U.S. Hwy 17 City: Green Cove Springs, FL Zip Code: 32043

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joyce A Williams 8/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILING FEE: $150.00
After March 1, 2003 Fee will be $550.00
Amended Date is 8/21/03
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WILLIAMS, JAMES D 1093 A1A BEACH BLVD., #153 ST. AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MITTAUER, JOSEPH A 4611-4 U.S. HWY. 17 ORANGE PARK, FL 32003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MITTAUER, ELIZABETH A 4611-4 U.S. HWY. 17 ORANGE PARK, FL 32003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAMS, JOYCE A 1093 A1A BEACH BLVD., #153 ST. AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Harry C. Weldon, Jr. 1226 mc Ginty Creek Dr. W Jacksonville, FL 32221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 607, 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: Joyce A Williams 8/14/03 904-284-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #