2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32291

FILED Jan 30, 2006 Secretary of State

Entity Name: LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.

1329 LAK	rincipal Place KE MINNEOLA A, FL 34715	e of Business: SHORES US	New Principal Place	of Business:
urrent M	lailing Addres	ss:	New Mailing Addres	s:
	KE MINNEOLA A, FL 34715	SHORES US		
El Number	: 59-2082592	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
1329 LAK	L. ROGERS (KE MINNEOLA A, FL 34715			
he above	named entity : e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
The above of the State	e of Florida. É RE: Electror	nic Signature of Registered Ag		ed office or registered agent, or both, Date
The above the State SIGNATUR	e of Florida. RE: Electror mpaign Financin	nic Signature of Registered Ag	ent	Date
he above the State GNATUF	e of Florida. RE: Electror mpaign Financing S AND DIREC P ROGERS, HER	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete BERT L.,, JR. INNEOLA SHORES	ent	
he above the State IGNATUR lection Car FFICER: tte: ame: ddress:	e of Florida. RE: Electror mpaign Financing S AND DIREC P () ROGERS, HER 11329 LAKE M MINNEOLA, FL	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete BERT L.,, JR. INNEOLA SHORES 34715) Delete SA A., HAHA AVENUE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT L. ROGERS, JR. P 01/30/2006