AMOUNT DUE (IF 05/01/96 $225 IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE $375)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000000463 (0)

1. Corporation Name

ROSEWOOD MANOR OF PENSACOLA, INC.
cross ref:
SKYLER FLORIDA, INC.

Principal Place of Business	Mailing Address
600 SOUTH BARRACKS ST SUITE 210 PENSACOLA FL 32501 US	600 SOUTH BARRACKS ST SUITE 210 PENSACOLA FL 32501 US

000001880440
-07/01/96--01032--030
****233.75 ****233.75

3. Date Incorporated or Qualified: 02/01/1993	3a. Date of Last Report: 02/14/1995
4. FEI Number: ~~64-0821229~~ 64-0821299	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 125 W. ROMANA ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 STE 400
City & State 23	City & State 28 PENSACOLA FL
Zip 24 / Country 25	Zip 29 32501 / Country 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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	CP	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TREHERN, W E		1.2 NAME	BELL, SCOTT J.	
STREET ADDRESS	2957 MARKET STREET		1.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
CITY-ST-ZIP	PASCAGOULA MS 39567		1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	☐ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	ST. PE', JERRY		2.2 NAME	TOLAN, JOHN J. JR.	
STREET ADDRESS	2957 MARKET STREET		2.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
CITY-ST-ZIP	PASCAGOULA MS		2.4 CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DST	☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	WILLIAMS, ROY C		3.2 NAME	FOSTER, DANA R.	
STREET ADDRESS	2957 MARKET STREET		3.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
CITY-ST-ZIP	PASCAGOULA MS 39567		3.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DV	☐ DELETE	4.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HOLLOWAY, J L		4.2 NAME	TREHERN, W. EDWARD	
STREET ADDRESS	2957 MARKET STREET		4.3 STREET ADDRESS	125 W. ROMANA ST STE 400	
CITY-ST-ZIP	PASCAGOULA MS		4.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BELL, SCOTT J		5.2 NAME		
STREET ADDRESS	2920 INVERNESS PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John J. Tolan Jr. 6/20/96 904-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number