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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000000463 (0)**

1. Corporation Name
ROSEWOOD MANOR OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
600 SOUTH BARRACKS STREET SUITE 210 PENSACOLA FL 32501 US	125 W. ROMANA STREET SUITE 400 PENSACOLA FL 32501-5847 US

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

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 06/27/1996
4. FEI Number: 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name: BELL, SCOTT J. 82 Street Address (P.O. Box Number is Not Acceptable): 125 W. ROMANA ST 83 SUITE 400 84 City: PENSACOLA FL 85 Zip Code: 32501

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: [signature] SCOTT J. BELL, PRESIDENT 1/15/97
Signature, typed or printed name of officer, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, SCOTT J		1.2 NAME		
STREET ADDRESS	125 W. ROMANA STREET, SUITE 400		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOLAN, JOHN J JR.		2.2 NAME		
STREET ADDRESS	125 W. ROMANA STREET, SUITE 400		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, DANA R		3.2 NAME		
STREET ADDRESS	125 W. ROMANA STREET, SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TREHERN, W. EDWARD		4.2 NAME		
STREET ADDRESS	125 ROMANA STREET, SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ST. PE', JERRY		5.2 NAME	ST. PE', JERRY	
STREET ADDRESS	2957 MARKET STREET		5.3 STREET ADDRESS	125 W. ROMANA ST., SUITE 400	
CITY-ST-ZIP	PASCAGOULA MS		5.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DV	☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	HOLLOWAY, J. L.		6.2 NAME	HOLLOWAY, J.L.	
STREET ADDRESS	2957 MARKET STREET		6.3 STREET ADDRESS	126 W. ROMANA ST, SUITE 400	
CITY-ST-ZIP	PASCAGOULA MS		6.4 CITY-ST-ZIP	PENSACOLA, FL 32501	

CR2E034 (9/96)

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], PRESIDENT/CEO 1/15/97 904-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #