

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90003 002 \*\*\*158.75

**DOCUMENT # F93000000463**

1. Entity Name

**ROSEWOOD MANOR OF PENSACOLA, INC.**

Principal Place of Business

**125 W ROMANA ST.  
STE 400  
PENSACOLA FL 32501  
US**

Mailing Address

**125 W. ROMANA STREET  
SUITE 400  
PENSACOLA FL 32501  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **64-0821299**

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

**BELL, SCOTT J.  
125 W ROMANA ST  
STE 400  
PENSACOLA FL 32501**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELL, SCOTT J 125 W. ROMANA STREET, SUITE 400 PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Williams, Roy C. 125 W. Romana St., Suite 400 Pensacola, FL 32501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TOLAN, JOHN J JR. 125 W. ROMANA STREET, SUITE 400 PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FOSTER, DANA R 125 W. ROMANA STREET, SUITE 400 PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TREHERN, W. EDWARD 125 ROMANA STREET, SUITE 400 PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ST. PE', JERRY 125 W ROMANA ST, STE 400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLOWAY, J. L. 125 W ROMANA ST, STE 400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01 850-432-0650

CR2E034 (10/00)



A COMPREHENSIVE HEALTH CARE COMPANY

## DELTA HEALTH GROUP, INC.

February 12, 2001

**CERTIFIED MAIL RECEIPT #7099-3220-0001-6906-9210**

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: Skyler Florida, Inc. and Skyler Mississippi, Inc.

Ladies/Gentlemen:

With reference to the above captioned corporations, enclosed are the 2001 Uniform Business Reports along with two checks in the amount of \$158.75 each. The checks are in payment of the filing fees and the costs of certificates of status for each corporation.

Thank you for your assistance and should you have any questions, please let us know.

Very truly yours,

Sondra McCrory  
Legal Administrator

/sm  
Enclosures  
corporate/corr/flasosletter.4