FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

SUITE 550

6000 LAKE FORREST DRIVE

ATLANTA GA 30328-3898

Suite, Apt. #, etc.

2a. Mailing Address

City & State

Zφ

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

POMPANO BEACH FL 33069

2. Francipal Place of Bosiness

Suite Apt #, etc

City & State

3701 W MCNAB ROAD

STE 550

22

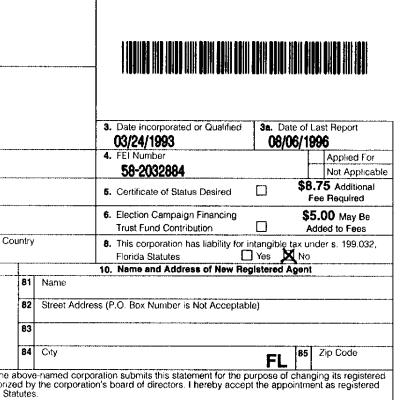
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DOCUMENT # F93000001453 (0)

TRETIREMENT MANAGEMENT OF FLORIDA, INC.

Country



FILED

Mar 05 1997 8:00am

Secretary of State

24 25 29 30 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 11. Pursuant to the previsions 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 for 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 from and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type a ring proced basis of regists, ect against and focul applicables (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition THLE 1.1 TITLE ALEXANDER, BRUCE NAME 1.2 NAME 6000 LAKE FOREST DR STE 550 SIR-FEMORESS 1.3 STREET ADDRESS ATLANTA GA Off-SEZIE 1.4 CITY - ST - ZIP THLE VD PD DELETE 2.1 TITLE PD Change Addition ANDREWS, J J NAME 2.2 NAME 6000 LAKE FOREST DR STE 550 STE-EL ADDRESS 2.3 STREET ADDRESS ATLANTA GA CHF-ST-ZIF 2.4 CITY - ST- ZIP DILE SD DELETE Change Addition 3 1 TITLE EMRICK, KERRY S NAME 3.2 NAME 6000 LAKE FOREST DR STE 550 STREET ADDRESS 3.3 STREET ADDRESS ATLANTA GA COLY ST ZIE 3.4. CITY-ST-ZIP DELETE Change Addition TUTLE 4 1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ALCIBESS City-St zif 4.4 CITY - S1 - ZIP DELETE Change Addition THE 5.1 TITLE NAMI **5.2 NAME** STEET LABORESS 5.3 STREET ADDRESS 014-51-20 5.4 CITY-ST-ZIP DELETE Change THEF 6.1 TITLE Addition 6.2 NAME STEZET ADJURESS **6.3 STREET ADDRESS** City-St-Zif 8.4 CITY - ST - ZIP

14. I do hereby certly 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 AND THEO OR PRINTED NAME OF BIGINING OFFICER OR DIRECTOR

2-25-96

404/303-1120 Daytime Phone I (96/6)