

***FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # F93000003159 (1)

1. Corporation Name

LAKE CITY NURSING HOMES, INC.

Principal Place of Business

**365 NORTHRIDGE RD.
STE. 120
ATLANTA GA 30350**

Mailing Address

**365 NORTHRIDGE RD.
STE. 120
ATLANTA GA 30350**



2. Principal Place of Business

21 555 Sun Valley Dr.

Suite, Apt. #, etc.

22 Suite N-4

City & State

23 Roswell, GA

Zip

24 30076

Country

2a. Mailing Address

26 555 Sun Valley Dr.

Suite, Apt. #, etc.

27 Suite N-4

City & State

28 Roswell, GA

Zip

29 30076

Country

30

3. Date Incorporated or Qualified

07/07/1993

3a. Date of Last Report

05/01/1995

4. FET Number

54-1639604

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent Signature not needed when in a starting position)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPT
MITTLEIDER, DOUGLAS K**
STREET ADDRESS **365 NORTHRIDGE RD. STE. 120**
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE ☐ DELETE

NAME **S
FOXWORTHY, MICHAEL L**
STREET ADDRESS **365 NORTHRIDGE RD., STE. 120**
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE ☐ DELETE

NAME **D
HUBBARD, KENNETH A**
STREET ADDRESS **P.O. BOX 10 N/A**
CITY-ST-ZIP **TRADE TN 37691**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 NAME ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 NAME ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 NAME ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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51 NAME ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

*****200.00**

61 NAME ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

4-29-96

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)(k), 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 registered 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas K. Mittleider - President

4-10-96

Date

(770) 677-5585

Daytime Phone #

CR2E034 (12/95)