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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

F93000003159 (1)

LAKE CITY NURSING HOMES, INC.

Principal Place of Business

DOCUMENT #

Mailing Address

FILED
May 15 1998 8:00am
Secretary of State



2. Principal Place of Business 2. Principal Place of Business 2. Geo North Point Pking 2. Suite, Apt. #, etc. 3. S	3. Date Incorporated or Qualified 07/07/1993 4. FEI Number 54-1639604 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent FL 85 Zip Code
21 950 North Paint Plany, Suite, Apt. #, etc. 22 Suite 100 City & State 23 Alpharetta, 9a Zip Country 24 30005 - 4134 25 USA 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 provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature: typied or preced name of registered agencia of the damps. July 1801. Registered Agent signature repoired with 1801. CICIORS 12. OF FICH IS AND DIRL CICIORS 13.	4. FEI Number 54-1639604 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent FL 85 Zip Code
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City & State 23 Alpharetta, Ga Zip Country 24 30505 - 4134 25 U.S.A. 29 30005 - 4134 30 U.S.A. 9. Name and Address of Current Registered Agent 11 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 81 Name 1201 HAYS STREET 82 Street Address SUITE 105 TALLAHASSEE FL 32301 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or protect frame of registered agent and titled apply that (NOTE Registered Agent signature recovered with 12. OF LICLES AND DIRL CTORS 13.	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yos No 10. Name and Address of New Registered Agent S (P.O. Box Number is Not Acceptable)
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agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or protect name of registered agent and talent apply about (NOTE Registered Agent signature required with 12. OF LICERS AND DIRECTORS 13.	
Signature: Nyined or prested name of registered agent and title diapply about (NOTE Registered Agent signature required with 12. OF LICLES AND DIRECTORS 13.	ition submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered
- Bot	Mich reinstating) DATE
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE OPT DELETE 1.1 TIME	Change Addition
NAME MITTLEIDER, DOUGLAS K 12 NAME	
STREET ADDRESS 365 NORTHRIDGE RD. STE. 120	North Foint Play, Suite 100
CITY-ST-ZIP ATLANTA GA 30350 1.4 CITY-ST-ZIP ALON	naretta, ga 30005-4134
L DELETE 2.1 IIILE	Change Addition
NAME FOXWORTHY, MICHAEL L 2.2 NAME	
STREET ADDRESS 365 NORTHRIDGE RD., STE. 120 2.3 STREET ADDRESS 950 1	North Point Pkwy, Suite 100
CITY-ST-ZIP ATALANTA GA 30350 2.4 CITY-ST-ZIP DELETE 3.1 TITLE	haretta, ga 30005-4134
I HID LOD LEADING A	Change Addition
DO DOV 40 MV4	
TOADE THI 07004	
CHY-ST-ZIP	Channe
NAME 4, 2 NAME	Change Addition
STREET ADDRESS 4.3 SIREE1 ADDRESS	l
CITY-ST-ZIP 4.5 CITY-ST-ZIP	
TITLE DELETE 51 TITLE	☐ Change ☐ Addition
NAME 52 NAME	Chango Es Mullion
STREET ADDRESS 53 STREET ADDRESS	:
CITY-ST-ZIP 54 CITY-ST-ZIP	i
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	THE PROPERTY OF THE PROPERTY O
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-7IP	,
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sectional and indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Sectional Indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section of the corporation of the receiver of trustey empowered to execute this report as required.	