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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:53

DOCUMENT # **F94000004086 (4)**

1. Corporation Name
BRADENTON RETIREMENT, INC.

Principal Place of Business	Mailing Address
7001 CENTER STREET MENTOR OH 44060	7001 CENTER STREET MENTOR OH 44060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994 ~~6-14-9~~
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 34-1774394 ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc. 22:
Suite, Apt #, etc 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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: Thomas J. Smith V.P. 5/19/95
Signature, typed or printed name of registered agent and title if applicable (If SITE Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, RICHARD M	12 NAME	
STREET ADDRESS	ROUTE 2 BOX 579	13 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND, FL 33042	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS J	22 NAME	
STREET ADDRESS	7001 CENTER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MENTOR OH 44060	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KOENIG, MARILYN S	32 NAME	
STREET ADDRESS	9083 LAKESHORE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	MENTOR OH 44060	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS J	42 NAME	
STREET ADDRESS	7001 CENTER SREET	43 STREET ADDRESS	
CITY-ST-ZIP	MENTOR OH 44060	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

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)(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 added in an attachment with an address.

SIGNATURE: Thomas J. Smith Thomas J. Smith 5/19/95 216/974-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478071 FP