FILE NOW: FILING FEE IS $61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F96000001239 (0)

1. Corporation Name
SOUTH CENTRAL NURSING HOMES, INC.

Principal Place of Business
500 WINDERLEY PLACE. #115
MAITLAND FL 32751

Mailing Address
500 WINDERLEY PLACE. #115
MAITLAND FL 32751

3. Date Incorporated or Qualified: 03/11/1996

4. FEI Number: 61-1242373 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
TRIMBLE, T L
111 N. ORLANDO AVE.
WINTER PARK FL 32789-3675

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	CARUBBA, HENRY	
STREET ADDRESS	1672 SWEETWATER CIRCLE WEST	
CITY-ST-ZIP	APOPKA FL	
TITLE	VDC	☐ DELETE
NAME	HOATSON, TIM	
STREET ADDRESS	2127 S. TERRACE BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	STD	☐ DELETE
NAME	BULLOCK, JOHN	
STREET ADDRESS	6424 TROUBLE CREEK RD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	☒ DELETE
NAME	RELIOUS, WALDEN	
STREET ADDRESS	411 APRIL LANE	
CITY-ST-ZIP	APOPKA FL	
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

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32712	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	c/o Marantha	
3.3 STREET ADDRESS	1600 Sacramento Inn Way, Suite 116	
3.4 CITY-ST-ZIP	Sacramento, CA 95815	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry Carubba — Henry J. Carubba 1/22/98 (407) 660-2440