NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90142 017 ****70.00

DOCUMENT # F9600001239

1. Corporation			•		9.			
SOUTH	CENTRAL NURSING HOMES	S, INC.						
Principal Place	e of Business	Mailing Address						
500 WINDERLEY PLACE, #115 500 WINDERLEY PLACE. #			15		1 188018 8 1018 18018 81101 \$6105 81		 	I I I I I I I I I I I I I I I I I I I
MAITLAND FL 32751 MAITLAND FL 32751			•					
						1141 94 111 811411 40	lift itana masa a	
3 Deineinal D	lace of Business	2a. Mailing Address			Date Incorporated or Qualife	ed .		
21 602 6	Courtland Street	26 602 Court	land	Street		29/93		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	·	Ap	plied For
		27 Suite 200	Suite 200		61-1242373		No	t Applicable
City & State Or I ando, FL		City & State Orlando, FL		5. Certifcate of Status Desired	X	\$8.75		
23		[28]			V. Collingate of California	· -	Fee Re	
Zip 32804	Country	Zip 32804 [3	Country		6. Election Campaign Financing	⁹ 🗆	\$5.00	
24 3200.	9. Name and Address of Current		30		Trust Fund Contribution 10. Name and Address of New	Registered	Added t	0 F86S
	9. Name and Address of Current	Kedizieren Marir	81	Name	TV. (QUITE BILD PAGEOUS OF HOM	· regiotores		
OTENANT	LDADIN		<u> </u>					
STEWART, J. DARIN			82	82 Street Address (P.O. Box Number is Not Acceptable)				
111 N. ORLANDO AVE. WINTER PARK FL 32789-3675			83				,	
MANAGER	ANK 12 32/03-30/3		-	Cit.			85 Zip (^ode
	•		84	i *		FL	. -	1
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617.1508, Florida Statutes	s, the above	-named corpo	pration submits this statement for the	ne purpose of	changing its	registered
office or r	egistered agent, or both, in the State o' im familiar with, and accept the obligation	of Florida. Such change was aut ions of, Section 617.0503, Florid	nonzed by da Statutes	tne corporation	n's board of directors, I hereby acc	ehr me ahbor	Hullett as re	gistered
	•							
SIGNATURE	•		•					
SIGNATURE	Signature, typed or printed name of registered agent			nt signature required		DATE	ID DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13.	at signature required	when reinstating) ADDITIONS/CHANGES TO C			
12.	OFFICERS AND		13.	st signature required			ND DIRECTO	PRS IN 12
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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, with all other like empowered.

SIGNATURE: