

FILE NOW: FILING FEE IS \$61.25

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

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DOCUMENT # F96000001239

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



2. Principal Place of Business

21 602 Courtland Street

2a. Mailing Address

26 602 Courtland Street

3. Date Incorporated or Qualified

03/11/1996 6/29/93

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27 Suite 200

4. FEI Number

61-1242373

Applied For

Not Applicable

City & State

23 Orlando, FL

City & State

28 Orlando, FL

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

Zip

24 32804

Country

25

Zip

29 32804

Country

30

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STEWART, J. DARIN  
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 32712

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 1600 SACRAMENTO INN WAY, SUITE 116  
CITY-ST-ZIP SACRAMENTO CA 95815

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

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

2134 Korat Lane  
Orlando, FL 32810

Jones, William E.  
1417 Valley Pine Circle  
Apopka, FL 32712

D  
Coe, Wallace O  
P.O. Box 6330  
Deltona, FL 32728

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 407-975-3000  
Date Daytime Phone #

CR2E037 (11/98)