

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001239

1. Entity Name

SOUTH CENTRAL NURSING HOMES, INC.



Principal Place of Business

**602 COURTLAND STREET
STE 200
ORLANDO, FL 32804**

Mailing Address

**602 COURTLAND STREET
STE 200
ORLANDO, FL 32804**



04212005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1242373

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIMBLE, T.L.
111 N. ORLANDO AVE.
WINTER PARK, FL 32789-3675**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ELLIOTT, BERNARD
STREET ADDRESS	156 LANCER OAK DRIVE
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	VCD
NAME	HOATSON, TIM
STREET ADDRESS	2127 S TERRACE BLVD
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	CD
NAME	JONES, WILLIAM E
STREET ADDRESS	1417 VALLEY PINE CIR
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	SD
NAME	COE, WALLACE O
STREET ADDRESS	925 SYLVIA DRIVE
CITY - ST - ZIP	DELTONA, FL 32725
TITLE	ASD
NAME	ROLL, HAROLD
STREET ADDRESS	729 MAY DAY DRIVE
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	PD
NAME	CAMP, VANN D
STREET ADDRESS	500 WHISPHER WOOD DR
CITY - ST - ZIP	LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

1100000341244
04/29/05-80007-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vann D. Camp

Vann D. Camp

4/22/05

407-975-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #