

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001239

FILED
Apr 18, 2007
Secretary of State

Entity Name: SOUTH CENTRAL NURSING HOMES, INC.

Current Principal Place of Business:

602 COURTLAND STREET
STE 200
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

602 COURTLAND STREET
STE 200
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 61-1242373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T.L.
111 N. ORLANDO AVE.
WINTER PARK, FL 327893675 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ELLIOTT, BERNARD
Address: 156 LANCER OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VCD () Delete
Name: HOATSON, TIM
Address: 2127 S TERRACE BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: CD () Delete
Name: JONES, WILLIAM E
Address: 1417 VALLEY PINE CIR
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: COE, WALLACE O
Address: 925 SYLVIA DRIVE
City-St-Zip: DELTONA, FL 32725

Title: ASD () Delete
Name: ROLL, HAROLD
Address: 729 MAY DAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: CAMP, VANN D
Address: 500 WHISPHER WOOD DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANN D. CAMP

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date