

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001239

FILED
Mar 01, 2012
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:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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
Name: ELLIOTT, BERNARD
Address: 145 LANCER OAK DRIVE
City-St-Zip: APOPKA, FL 32712

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

Title: D
Name: KNUTSON, DERYL
Address: 777 SOUTH SUNDANCE DRIVE
City-St-Zip: BURLESON, TX 76028

Title: S
Name: MURPHY, ROBERT
Address: 117 SPRING CHASE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: MOONG, HUBERT
Address: 36820 SUNDANCE DRIVE
City-St-Zip: GRAND ISLAND, FL 32725

Title: P
Name: CAMP, VANN D
Address: 500 WHISPER WOOD DRIVE
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: VANN D, CAMP

P

03/01/2012

Electronic Signature of Signing Officer or Director

Date