**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90202 041 \*\*\*150.00

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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000003747 1. Corporation Name

SOUTHSIDE HEALTH CARE CENTER, INC.

2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Security   58.2255228   Not Applicable   Suite, Apt. #, etc.   Scriftcate of Status Desired   \$8.75 Additional Fee Required   Status Desired   Status Desi	SUN HEALTHCARE GROUP - LEGAL DEPT. 101 SUN AVE. N.E. ALBUQUERQUE NM 87109		Sun Healthcare Group - Legal Dept. 101 Sun Ave. N.E. Albuquerque NM 87109			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/24/1996					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required	2. Principal Pl	ace of Business	2a. Mailing Address	=		,				Appl	ied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee Req	21		26				58-2255228			Not a	Applicable
City & State		#, etc.					5 Contifered of Status Desired Status Desired Status Desired				
City & State  Zip Country Zip Country	22		27				5. Centicate of Status Des	illed []	Fe	e Req	uired
Zip   Country   Zip   Country   Zip   Country   Strict Fund Contribution   Added to Fees		•	City & State				6. Election Campaign Fina	ncing _	<b>\$</b> 5.	00 м	ay Be
Zip Country Zip Country Zip Country 8. This corporation owes the current year Intargible Personal Property Tax	23		28				Trust Fund Contribution	LJ	Add	ded to	Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, byed or printed name of registered agent and side if applicables.  ITILE  PCD  BROGDON, CHRIS  STREET ADDRESS  6000 LAKE FORREST DRIVE #200  ATLANTA GA  DELETE  1.1 TILE  VD  ATLANTA GA  DELETE  2.1 TILE  VD  ATLANTA GA  DELETE  3.1 TILE  VD  ATLANTA GA		Country	Zip	Country	,		8. This corporation owes t	he current year Int	17	_	_
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 PLANTATION FL 33324  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE BROGDON, CHRIS STREET ADDRESS BROGDON, CHRIS STREET ADDRESS GOOD LAKE FORREST DRIVE #200  ATLANTA GA  ITILE VD DELETE 1.1 TITLE VD DELETE 2.1 TITLE VD DELETE 2.1 TITLE VD DELETE 2.2 NAME LANE, EDWARD E 6000 LAKE FORREST DRIVE #200 ATLANTA GA  DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA DELETE 3.1 TITLE VD ATLANTA GA ATL	24	25	29 3	0					<u> </u>		JNo
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, a minifiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY. ST. ZIP  ALANTA GA  DELETE  11. TITLE  VD  ATLANTA GA  DELETE  11. TITLE  VD  ATLANTA GA  DELETE  21. TITLE  VD  ATLANTA GA  DELETE  21. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  DELETE  31. TITLE  STREET ADDRESS  O(TY. ST. ZIP  ATLANTA GA  TITLE  STREE		9. Name and Address of Curren	t Registered Agent				10. Name and Address of	New Registered	Agènt		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE