

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005373 (3)

1. Corporation Name

SALEM NURSING & REHAB CENTER OF HOMESTEAD, INC.

Principal Place of Business

Mailing Address

301 WHEELER EXECUTIVE CENTER
AUGUSTA GA 30909

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AUGUSTA GA 30909

FILED
Oct 09 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

63-1160642

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 945 Broad Street

Suite, Apt. #, etc.

22 Suite 220
City & State

23 Augusta, GA

Zip

24 30901

Country

25 USA

2a. Mailing Address

26 945 Broad Street

Suite, Apt. #, etc.

27 Suite 220
City & State

28 Augusta, GA

Zip

29 30901

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 DPC ☐ DELETE

NAME CLARK, HARRY M
STREET ADDRESS 108 PLANTATION POINTE SHOPPING CENTER
CITY-ST-ZIP FAIRHOPE AL

TITLE TD ☒ DELETE

NAME WOLFE, GARY
STREET ADDRESS 108 PLANTATION POINTE SHOPPING CENTER
CITY-ST-ZIP FAIRHOPE AL 36532

TITLE DSV ☒ DELETE

NAME NELSON, WALLACE D
STREET ADDRESS 20386 COUNTY ROAD 13
CITY-ST-ZIP FAIRHOPE AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 S ☐ Change ☒ Addition

1.2 NAME Sacco, Toni
1.3 STREET ADDRESS 125 Riverbend Drive
1.4 CITY-ST-ZIP Mobile, Alabama 36605

2.1 TITLE VP T ☐ Change ☒ Addition

2.2 NAME Kirtrell, David
2.3 STREET ADDRESS 24 Ashley Drive
2.4 CITY-ST-ZIP Mobile, Alabama 36608

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/98

334-928-9914

Date

Daytime Phone #

CR2E037 (5/98)