

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005431 (9)

1. Corporation Name

COMMUNITY SENIOR LIFE, INC.

Principal Place of Business

3400 HWY 78 E., #510
MEDICAL ARTS TOWER
JASPER AL 35501

Mailing Address

3400 HWY 78 E., #510
MEDICAL ARTS TOWER
JASPER AL 35501-89073. Date Incorporated or Qualified
10/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 510 Medical Arts Tower

Suite, Apt. #, etc.

22

City & State

23 Jasper, AL

Zip

24 3501

Country

25 USA

2a. Mailing Address

26 510 Medical Arts Tower

Suite, Apt. #, etc.

27

City & State

28 Jasper, AL

Zip

29 3501

Country

30 USA

4. FEI Number

63-1001785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, CHARLES L ESQ
SHELL FLEMING DAVIS & MENGE, P.A.
9TH FLOOR, SEVILLE TOWER
PENSACOLA FL 32501

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 PD ☐ DELETENAME WILLINGHAM, PATRICK
STREET ADDRESS 510 MEDICAL ARTS TOWER
CITY-ST-ZIP JASPER AL 35501TITLE V ☐ DELETENAME WARREN, DOUG
STREET ADDRESS 510 MEDICAL ARTS TOWER
CITY-ST-ZIP JASPER AL 35501TITLE S ☐ DELETENAME WINBORNE, ROYCE T
STREET ADDRESS 510 MEDICAL ARTS TOWER
CITY-ST-ZIP JASPER AL 35501TITLE DC ☐ DELETENAME SHERER, MAURICE
STREET ADDRESS 510 MEDICAL ARTS TOWER
CITY-ST-ZIP JASPER AL 35501TITLE D ☒ DELETENAME SCARBOROUGH, MILLARD
STREET ADDRESS 510 MEDICAL ARTS TOWER
CITY-ST-ZIP JASPER AL 35501TITLE D ☐ DELETENAME WILSON, ROBERT T JR
STREET ADDRESS 510 MEDICAL ARTS TOWER
CITY-ST-ZIP JASPER AL 35501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition1.2 NAME SCARBROUGH, DANIEL M, MD
1.3 STREET ADDRESS 510 MEDICAL ARTS TOWER
1.4 CITY-ST-ZIP JASPER, AL 355012.1 TITLE D ☐ Change ☒ Addition2.2 NAME JOHNSON, S. MILLARD
2.3 STREET ADDRESS 510 MEDICAL ARTS TOWER
2.4 CITY-ST-ZIP JASPER, AL 355013.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Robert T. Wilson* REQUIRED T. Winborne, Secretary

2/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076252

CP2E037 (9/96)