

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 MAR 26 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Not For** PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**

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

**NON-PROFIT**

DOCUMENT # **F97000006951 (4)**

1. Corporation Name

**SOUTHCARE NURSING CENTER, INC.**

Principal Place of Business

Mailing Address

**IN TOWN RETIREMENT CLUB  
P.O. BOX 967  
GLENSIDE PA 19038**

**IN TOWN RETIREMENT CLUB  
P.O. BOX 967  
GLENSIDE PA 19038**

DO NOT WRITE IN THIS SPACE

*3/26*

3. Date Incorporated or Qualified

**12/31/1997**

4. FEI Number

**23-2047624**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BINGHAM, MARVIN W JR.  
14811 NW 140TH ST.  
ALACHUA FL 32616**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**400002468744-0**

83

**03/26/98-01023-003**

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P  
DOBSON, DAVID  
115 W. AVENUE, STE. 104  
JENKINTOWN PA 19038**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST  
DOBSON, ETHEL  
115 WEST AVENUE, STE. 104  
JENKINTOWN PA 19038**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)