FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006951

SOUTHCARE NURSING CENTER, INC.

Country

25

Principal Di
Principal Place of Business
IN TOWN DETIDERS
IN TOWN RETIREMENT CLUB
1.0. DUX 967
GLENSIDE PA 19038

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

IN TOWN RETIREMENT CLUB P.O. BOX 967

GLENSIDE PA 19038

Suite, Apt. #, etc.

2a. Mailing Address

City & State

26

28

Zin

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90133 002 ****61.25

79728.90133.28

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Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

12/31/1997 4. FEI Number

23-2047624

5. Certifcate of Status Desired

1-10 <99

9. Name and Address of Current M, MARVIN W JR. W 140TH ST. JA FL 32616		30		6. Election Campaign Financing Trust Fund Contribution 10. Name and Address of New Registered Agent Fee Required \$5.00 May B Added to Fees
M, Marvin W Jr. W 140Th St. JA FL 32616				10. Name and Address of New Registered Agent
W 140TH ST. JA FL 32616				ame Address of New Registered Agent
W 140TH ST. JA FL 32616		}	L_L	
JA FL 32616		ł		
			82 Str.	reet Address (P.O. Box Number is Not Acceptable)
to the provisions of Sections 617.0502 a		ł	83	Not Acceptable)
to the provisions of Sections 617.0502 a			1	
registered agent, or both in the 2.0502 a		l.	84 0%	
gent, or noth in the	and 617 4500	_ 1	City	
im familiar with, and accept the state of	Florida, Such change was	itutes, the abo	ove-name	led corporati
= 2005pt trie obligation	is of, Section 617.0503.	s authorized t	by the co	orporation's board of discussions statement for the purpose of the
Signature, typed or printed name of any	-,.	onda Glatini	es.	of directors. I hereby accept the appointment as registered
P OFFICERS AND E	JIRECTORS	12	ent signatur	re required when reinstating)
	DEI FTF			ADDITIONS/CHANGES TO SEE
115 W. AVEAUA		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITS W. AVENUE, STE. 104		1.2 NAME		
SCHAINTOWN PA 19038		1.3 STREE	TADDRESS	∫ Change ☐ Addi
31				
DOBSON FTHE	☐ DELETE		1-ZIP	· ·
115 WEST AVENUE OF				
IFNKINTOWAL DA SIE. 104				☐ Change ☐ Addition
PENNITOWN PA 19038		2.3 STREET	ADDRESS	
	C DCI CT	2.4 CITY-ST	T-ZIP	
	I DETELE	3.1 TITLE		
		3.2 NAME	1	☐ Change ☐ Addition
		_		☐ Change ☐ Addition
	☐ DELETE		ZIP	-
	-			
			_	☐ Change ☐ Addition
		4.3 STREET AL	DORESS	T AVAILUIT
				to me a
	L.I DELETE	5.1 TITLE	`	
	}	5.2 NAME	- 1	
	ł	5.3 STREET *AP)	☐ Change ☐ Addition
	DELETE			
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	,		- 1	☐ Change ☐ Addition
	1	6.3 STREET ADOR	RESS	- Liverage
hat the information supplied with the			- 1	1
annual report or supplemental annual re	g does not qualify for the	exemption -		
13 if changed, or on on receiver or trus	itee empowered accurate	and that my o	ated in S	Section 119.07(3)(i), Florida Statutos L.
an attachment with	an address, with all off-	te this report	as requir	red by Chanter same legal effect as if made certify that the information
SINNA		ilike empowe	ered.	Statutes; and that my name and am an
	OFFICERS AND E P DOBSON, DAVID 115 W. AVENUE, STE. 104 JENKINTOWN PA 19038 ST DOBSON, ETHEL 115 WEST AVENUE, STE. 104 ENKINTOWN PA 19038 ENKINTOWN PA 19038 The composition of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of th	OFFICERS AND DIRECTORS P DOBSON, DAVID 115 W. AVENUE, STE. 104 JENKINTOWN PA 19038 ST DOBSON, ETHEL 115 WEST AVENUE, STE. 104 ENKINTOWN PA 19038 DELETE DELETE DELETE DELETE DELETE At the information supplied with this filing does not qualify for the annual report or supplemental annual report is true and accurate of the corporation or the receiver or trustee empowered to execut 13 if changed, or on an attachment with an address, with all others.	OFFICERS AND DIRECTORS 13. DOBSON, DAVID 115 W. AVENUE, STE. 104 JENKINTOWN PA 19038 ST DOBSON, ETHEL 115 WEST AVENUE, STE. 104 ENKINTOWN PA 19038 DELETE DELETE 12 NAME 22 NAME 23 STREET 32 NAME 33 STREET 34 CITY-ST 34 CITY-ST 34 CITY-ST 34 CITY-ST 35 NAME 43 STREET ADD 43 STREET ADD 54 CITY-ST-ZIP DELETE 15 NAME 53 STREET ADD 54 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADD 64 CITY-ST-ZIP DELETE 64 CITY-ST-ZIP DELETE 65 TITLE 65 NAME 66 STREET ADD 66 CITY-ST-ZIP DELETE 66 STREET ADD 67 NAME 67 STREET ADD 68 CITY-ST-ZIP DELETE 68 NAME 68 STREET ADD 68 CITY-ST-ZIP DELETE 69 NAME 69 NA	POSTTICERS AND DIRECTORS 13. DOBSON, DAVID 115 W. AVENUE, STE. 104 JENKINTOWN PA 19038 ST DOBSON, ETHEL 115 WEST AVENUE, STE. 104 ENKINTOWN PA 19038 DELETE 12 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE

Country