2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# F98000002962

Entity Name: GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTER, INC.

Current Principal Place of Business:

190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

INTEGRAS
3015 JEFFERSON ST. STE. C.
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 63-1192532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM C
190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

WILLIAMS, WILLIAM C III
190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM C. WILLIAMS III 04/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, WILLIAM C
Address: 190 LIGHTKEEPERS DR.
City-St-Zip: PORT ST. JOE, FL

Title: ST ( ) Delete
Name: CHAUNERY, BELSER
Address: 1428 STATE PARK RD.
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, WILLIAM C III
Address: 190 LIGHTKEEPERS DR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: ST (X) Change ( ) Addition
Name: CHAUNCEY, BELSER
Address: 1428 STATE PARK RD.
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAUNCEY BELSER ST 04/20/2005
Electronic Signature of Signing Officer or Director Date