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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

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DOCL	IR AFFINITE II	704		 				
1. Corporation		794						
HODGE	S CONVALESCENT AI	DS. INC.				·		
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Principal Place of Business Mailing Address							pian ahasi alahi atali atasi	BIBIT 81811 (881
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405 S. 7TH S' FT. PIERCE FI			s. 7th st. Pierce fl 34950			DO NOT WRITE	IN THIS SPACE	
11. 11.2102 11	L 04000		-ILHOE 1 L 34330			3. Date Incorporated or Qualifed		
<u> </u>			·			12/01/1982		
⊢ —¬	Place of Business	} -	Mailing Address			4. FEI Number	A	pplied For
21 Suite, Apt		26	Suite, Apt. #, etc.			59-2239239		ot Applicable
22	. #, e tc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & Sta	nte.		City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zíp	Country	⊢ —	.ip	Country		8. This corporation owes the current	year Intangible	
24	[25]	[29]		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of		red Agent	81	Name	10. Name and Address of New Reg	istered Agent	
CAI	PAK GERAID T	•						
1635-14TH AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable	·)	
VER	RO BEACH FL			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
·				84	City		85 Zip	Code
	<u> </u>			[-		FLI	
11 Pursuani	t to the provisions of Sections 6	107 0502 and 607	1609 Elondo Statute	es the ahove-	named seems	vertion authorite this etatement for the pure	noce of changing its	romiotorod
office or	registered agent, or both, in the	State of Florida.	. Such change was a	uthorized by the	named corpo ne corporatio	oration submits this statement for the pur	pose of changing its ne appointment as re	egistered
agent. I	registered agent, or both, in the am familiar with, and accept the	State of Florida. obligations of, S	Such change was a ection 607.0505, Flor	uthorized by the rida Statutes.	ne corporation	n's board of directors. I hereby accept the	pose of changing its pe appointment as re	egistered
office or agent. I a	registered agent, or both, in the am familiar with, and accept the	e obligations of, S	Such change was a ection 607.0505, Flor	uthorized by the rida Statutes.	ne corporation	n's board of directors. I hereby accept the	e appointment as re	egistered
agent. I	registered agent, or both, in the arm familiar with, and accept the Signature, typed or printed name of regist OFFICE	e obligations of, S	Such change was an ection 607.0505, Flor pplicable. (NOTE:	uthorized by the rida Statutes.	ne corporation	n's board of directors. I hereby accept th	DATE	egistered
SIGNATURE	registered agent, or both, in the arm familiar with, and accept the Signature, typed or printed name of regist PD	a State of Florida. e obligations of, S tered agent and title if ap	Such change was an ection 607.0505, Flor	uthorized by the rida Statutes.	ne corporation	n's board of directors. I hereby accept the	DATE	egistered
SIGNATURE 12. TITLE NAME	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE PD CAPAK, GERALD T.	a State of Florida. e obligations of, S tered agent and title if ap	Such change was an ection 607.0505, Flor pplicable. (NOTE:	Registered Agent of 13.	ne corporation	n's board of directors. I hereby accept the	DATE ERS AND DIRECTO	egistered ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE PD CAPAK, GERALD T. 1635-14TH AVENUE	a State of Florida. e obligations of, S tered agent and title if ap	Such change was an ection 607.0505, Flor pplicable. (NOTE:	Registered Agent s 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	n's board of directors. I hereby accept the	DATE ERS AND DIRECTO	egistered ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE PD CAPAK, GERALD T.	a State of Florida. e obligations of, S tered agent and title if ap	Such change was an ection 607.0505, Floi opticable. (NOTE: TORS	Registered Agent of 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	signature required	n's board of directors. I hereby accept the	DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE PD CAPAK, GERALD T. 1635-14TH AVENUE	a State of Florida. e obligations of, S tered agent and title if ap	Such change was an ection 607.0505, Flor pplicable. (NOTE:	Independent of the statutes. Registered Agent of 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	signature required	n's board of directors. I hereby accept the	DATE ERS AND DIRECTO	egistered ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the arm familiar with, and accept the Signature, typed or printed name of regist OFFICE PD CAPAK, GERALD T. 1635-14TH AVENUE VERO BEACH FL	a State of Florida. e obligations of, S tered agent and title if ap	Such change was an ection 607.0505, Flor pplicable. (NOTE: TORS DELETE	Included by the rida Statutes. Registered Agent of 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A	agnature required DDRESS ZIP DDRESS ZIP	n's board of directors. I hereby accept the when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
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officer or director of the corporation or the receiver or trusted empowered 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 trusted empowered a 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 with all other like empowered.