

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G32424** (5)

1. Corporation Name
SUNSHINE VILLAGE NURSING HOME, INC.

Principal Place of Business

**8600 US HWY. 19 NORTH
SUITE 2220
PINELLAS PARK FL 33565
US**

Mailing Address

**5100 POPULAR AVE
SUITE 2220
MEMPHIS TN 38137-2206**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DANCE, KEN
216 EAST ROBERTSON STREET
BRANDON FL 33511**

10. Name and Address of New Registered Agent

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 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 to 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 for said change, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	P	☐ DELETE
NAME	DANCE, KEN	
STREET ADDRESS	216 EAST ROBERTSON ST	
CITY-STATE-ZIP	BRANDON FL	
12.2	VP	☐ DELETE
NAME	MAYO, JAMES E	
STREET ADDRESS	11507 ROBLE DEL RIO	
CITY-STATE-ZIP	TEMPLE TERRACE FL	
12.3	S	☐ DELETE
NAME	FAUST, JOHN M	
STREET ADDRESS	125 SOUTH 28TH AVE	
CITY-STATE-ZIP	HATTIESBURG MS	
12.4	T	☐ DELETE
NAME	FAUST, DELLA	
STREET ADDRESS	125 S. 28TH AVE.	
CITY-STATE-ZIP	HATTIESBURG MS	
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.6		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
2.1	2.1 TITLE	☐ Change ☐ Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-STATE-ZIP	
3.1	3.1 TITLE	☐ Change ☐ Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-STATE-ZIP	
4.1	4.1 TITLE	☐ Change ☐ Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-STATE-ZIP	
5.1	5.1 TITLE	☐ Change ☐ Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-STATE-ZIP	
6.1	6.1 TITLE	☐ Change ☐ Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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 contained 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.

SIGNATURE: **KEN DANCE** Ken Dance 3-7-97

CR2E034 (9/96)