

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G33435 (0)

1. Corporation Name
MANATEE SPRINGS NURSING CENTER, INC.

Principal Place of Business

101 SUN LANE
5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109
US

Mailing Address

LEGAL DEPARTMENT
101 SUN LANE
ALBUQUERQUE NM 87109
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1983

4. FEI Number
58-1534760

Applied For
Not Applicable

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

2. Principal Place of Business
21 101 Sun Avenue NE
Suite, Apt. #, etc

22 City & State
23 Albuquerque NM
24 Zip 87109 25 Country USA

2a. Mailing Address
26 101 Sun Avenue NE
Suite, Apt. #, etc

27 City & State
28 Albuquerque NM
29 Zip 87109 30 Country USA

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMER, MARG G.	12 NAME	Wimer, Mark G.
STREET ADDRESS	565 W MYRTLE #240	13 STREET ADDRESS	101 Sun Avenue NE
CITY-ST-ZIP	BOISE ID	14 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	P	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULAUF, DALE	22 NAME	
STREET ADDRESS	8400 E PRENTICE AVE #102	23 STREET ADDRESS	101 Sun Avenue NE
CITY-ST-ZIP	ENGLEWOOD CO	24 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	VP	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRICK, WILLIAM C	32 NAME	
STREET ADDRESS	101 SUN LANE	33 STREET ADDRESS	101 Sun Avenue NE
CITY-ST-ZIP	ALBUQUERQUE NM	34 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	S	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, NIKKI T	42 NAME	Mann, Nikki J.
STREET ADDRESS	101 SUN LANE	43 STREET ADDRESS	101 Sun Avenue NE
CITY-ST-ZIP	ALBUQUERQUE NM	44 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOTIL, ROBERT D	52 NAME	Wotil, Robert D.
STREET ADDRESS	101 SUN LANE NE	53 STREET ADDRESS	101 Sun Avenue NE
CITY-ST-ZIP	ALBUQUERQUE NM	54 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	T	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOE, WARREN	62 NAME	McIntoe, Warren H.
STREET ADDRESS	101 SUN LANE NE	63 STREET ADDRESS	101 Sun Avenue NE
CITY-ST-ZIP	ALBUQUERQUE NM	64 CITY-ST-ZIP	Albuquerque NM 87109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(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.

SIGNATURE: Nikki J. Mann, 2.4.98 505/821.3355

CR2E034 (10/97)