

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90028 007 \*\*\*150.00

DOCUMENT # G33435

1. Corporation Name

MANATEE SPRINGS NURSING CENTER, INC.



Principal Place of Business

101 SUN AVENUE NE  
ALBUQUERQUE NM 87109  
US

Mailing Address

101 SUN AVENUE NE  
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 the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 101 Sun Avenue NE  
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25

26

29 87109

30

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE

NAME D  
WIMER, MARK G  
STREET ADDRESS 101 SUN AVENUE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME P  
ZULAUF, DALE  
STREET ADDRESS 101 SUN AVENUE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME P  
Alan J. Zampini  
2.3 STREET ADDRESS 101 Sun Avenue NE  
2.4 CITY-ST-ZIP ALBUQUERQUE, NM 87109

TITLE ☐ DELETE

NAME VP  
WARRICK, WILLIAM C  
STREET ADDRESS 101 SUN AVENUE NE  
CITY-ST-ZIP ALBUQUERQUE N, 87109

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME S  
MAN, NIKKI J  
STREET ADDRESS 101 SUN AVENUE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME NIKKI J. Mann  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
WOLTEL, ROBERT D  
STREET ADDRESS 101 SUN AVENUE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME T  
MCINKER, WARREN H  
STREET ADDRESS 101 SUN AVENUE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME AS  
Michael T. Berg  
6.3 STREET ADDRESS 101 Sun Avenue NE  
6.4 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 119.07(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, with all other like empowered.

SIGNATURE:

*Michael T. Berg* SIGNATURE REQUIRED

3/8/99 (505) 821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)