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Apr 11 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 # **G67043** **(1)**

1. Corporation Name
SHCM HIALEAH, INC.

Principal Place of Business	Mailing Address
HIALEAH CONVALESCENT HOME 190 W. 28TH ST. HIALEAH FL 33010 US	C/O SOUTHEASTERN HEALT CARE MGMT. 4558 CLYDE MORRIS BLVD PORT ORANGE FL 32119-7455

3. Date Incorporated or Qualified: 10/28/1983
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21
Street, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1386719 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, TIMOTHY N
190 W. 28TH ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: Stephen Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 4558 Clyde Morris Blvd
83: Suite One
84 City: Port Orange FL 85 Zip Code: 32119

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: _____ DATE: 4/3/97
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RUTH G.		1.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, STEPHEN		2.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TROST, JOHN W.		3.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TROST, BRENDA		4.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CAROL		5.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/3/97 1/29/97 904-756-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000269S