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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>190 W. 28TH ST.<br>HIALEAH FL 33010<br>US | C/O SOUTHEASTERN HEALT CARE MGMT.<br>4558 CLYDE MORRIS BLVD<br>PORT ORANGE FL 32119 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1983

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26): 689 Deltona Blvd. |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28): Deltona Fl |
| Zip (24) / Country (25) | Zip (29): 32725 / Country (30): USA |

4. FEI Number: 56-1386719 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JOHNSON, TIMOTHY N<br>4558 CLYD MORRIS BLVD.<br>STE. ONE<br>PORT ORANGE FL 32119 | 81 Name: Galen Goetz<br>82 Street Address (P.O. Box Number is Not Acceptable): 689 Deltona Blvd.<br>83<br>84 City: Deltona **FL** 85 Zip Code: 32725 |

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: Gal Goetz 4-15-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>JOHNSON, RUTH G.<br>4558 CLYDE MORRIS BLVD.<br>PORT ORANGE FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | CEO V<br>W Stewart Swain<br>6000 Meadowbrook Mall #200<br>Clemmons NC 27012 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JOHNSON, STEPHEN<br>4558 CLYDE MORRIS BLVD.<br>PORT ORANGE FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | P VP<br>Laverne P Herzog<br>689 Deltona Blvd.<br>Deltona FL 32725 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>TROST, JOHN W.<br>4558 CLYDE MORRIS BLVD.<br>PORT ORANGE FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>M Rebecca Muenchow<br>6000 Meadowbrook Mall #200<br>Clemmons NC 27012 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TROST, BRENDA<br>4558 CLYDE MORRIS BLVD.<br>PORT ORANGE FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | S<br>Faye J Hutchins<br>6000 Meadowbrook Mall #200<br>Clemmons NC 27012 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, CAROL<br>4558 CLYDE MORRIS BLVD.<br>PORT ORANGE FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/97)

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.

SIGNATURE: [signature] 4-17-98