

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 6:01

DOCUMENT # **H88352** (0)

1. Corporation Name  
**PANAMA CITY HEALTH CARE CENTER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2100 JENKS AVENUE  
P. O. BOX 16508  
PANAMA CITY FL 32405**

Mailing Address  
**2100 JENKS AVENUE  
P. O. BOX 16508  
PANAMA CITY FL 32405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/05/1985** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2598053</b>		Applied For Not Applicable	
21		25		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBENALT, JOHN F.  
650 N. TAMiami TRAIL  
OSPREY FL 34229**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 Date if Applicable) \_\_\_\_\_ (Signature, Typed or Printed Name of Registered Agent and Date if Applicable) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>ROBENALT, JOHN</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>650 N TAMiami TR</b>	12 NAME	
STREET ADDRESS	<b>OSPREY FL</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>OSPREY FL</b>	14 CITY, ST, ZIP	<b>Osprey, FL 34229</b>
TITLE <b>VP</b>	<b>FRIEDBAUER, ROGER</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1600 EDWARD BALL BLDG.</b>	22 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	23 STREET ADDRESS	<b>201 S. Biscayne Blvd.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>	24 CITY, ST, ZIP	<b>Miami, FL 33131</b>
TITLE <b>AS</b>	<b>BRAMER, MARLENE</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1600 EDWARD BALL BLDG.</b>	32 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	33 STREET ADDRESS	<b>201 S. Biscayne Blvd.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>	34 CITY, ST, ZIP	<b>Miami, FL 33131</b>
TITLE <b>S</b>	<b>LUZER, THOMAS</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>650 N TAMiami TR</b>	42 NAME	
STREET ADDRESS	<b>OSPREY FL</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>OSPREY FL</b>	44 CITY, ST, ZIP	<b>Osprey, FL 34229</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.037(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 attached card with an address.

SIGNATURE: *Thomas Luzer* Secretary 3/24 8/2/96-7755  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR