

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H88352 (0)**

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



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**

3. Date Incorporated or Qualified: **12/05/1985**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26** *410 1500 Miami Center*
22. City & State: **27** *201 S. Biscayne Blvd*
23. Zip: **28** *Miami*
24. Country: **25**
29. Zip: **30** *FL 33131*
4. FEI Number: **59-2598053**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Applied For:
Not Applicable:
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: **ROBENALT, JOHN F. 650 N. TAMiami TRAIL OSPREY FL 34229**
10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City:
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: ROBENALT, JOHN	11 TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 650 N TAMiami TR	CITY-STATE-ZIP: OSPREY FL	12 NAME: _____	
TITLE: VP	NAME: FRIEDBAUER, ROGER	13 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 201 S BISCAYNE BLVD	CITY-STATE-ZIP: MIAMI FL	14 CITY-STATE-ZIP: _____	
TITLE: AS	NAME: BRAMER, MARLENE	21 TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 201 S BISCAYNE BLVD	CITY-STATE-ZIP: MIAMI FL	22 NAME: _____	
TITLE: S	NAME: LUZIER, THOMAS	23 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 650 N TAMiami TR	CITY-STATE-ZIP: OSPREY FL	24 CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	31 TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	32 NAME: _____	
TITLE: _____	NAME: _____	33 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	34 CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	41 TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	42 NAME: _____	
TITLE: _____	NAME: _____	43 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	44 CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	51 TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	52 NAME: _____	
TITLE: _____	NAME: _____	53 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	54 CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	61 TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	62 NAME: _____	
TITLE: _____	NAME: _____	63 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	64 CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 attachment with an address.

SIGNATURE: By: **Roger Friedbauer, Vice President** **1/26/96** **(305) 358-6300**

CR2E034 (12/95)