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**Mar 21 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 # 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
**C/O 1500 MIAMI CENTER
201 S. BISCAYNE BLVD
MIAMI FL 33131-4332
US**

3. Date Incorporated or Qualified 12/05/1985	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2598053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**ROBENALT, JOHN F.
650 N. TAMiami TRAIL
OSPREY FL 34228**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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: _____ (NOTE: Registered Agent's signature required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE	P	<input type="checkbox"/> DELETE
1.2 NAME	ROBENALT, JOHN	
1.3 STREET ADDRESS	650 N-TAMIAMI TR	
1.4 CITY- ST- ZIP	OSPREY-FL	
2.1 TITLE	VP	<input type="checkbox"/> DELETE
2.2 NAME	FRIEDBAUER, ROGER	
2.3 STREET ADDRESS	201 S BISCAYNE BLVD	
2.4 CITY- ST- ZIP	MIAMI FL	
3.1 TITLE	AS	<input type="checkbox"/> DELETE
3.2 NAME	BRAMER, MARLENE	
3.3 STREET ADDRESS	201 S BISCAYNE BLVD	
3.4 CITY- ST- ZIP	MIAMI FL	
4.1 TITLE	S	<input type="checkbox"/> DELETE
4.2 NAME	LUZIER, THOMAS	
4.3 STREET ADDRESS	650 N-TAMIAMI TR	
4.4 CITY- ST- ZIP	OSPREY-FL	
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robenalt, John	
1.3 STREET ADDRESS	2440 Tamiami Trail W.	
1.4 CITY- ST- ZIP	Notkomis FL 34229	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Luzier, Thomas	
4.3 STREET ADDRESS	2440 Tamiami Trail N.	
4.4 CITY- ST- ZIP	Notkomis, FL 34229	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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 contained in 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 of enclosed, or on an attachment with an address.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reappointing) _____ DATE: **3/10/97 (305) 379-9104**

CR2E034 (9/96)