2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90144 017 ***150.00

DOCUMENT # H88352

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

Principal Place of Business	Mailing Address
2100 JENKS AVENUE P. O. BOX 16508 PANAMA CITY FL 32405	~~C/O 1500 MIAMI CENTER~~ ~~201 S. BISCAYNE BLVD~~ ~~MIAMI FL 33131~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o 200 S. Biscayne Blvd. Suite 2000
City & State	Miami FL
Zip / Country	33131 / USA Miami-Dade

4. FEI Number 59-2598053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBENALT, JOHN F. ~~650 N. TAMIAMI TRAIL~~ ~~OSPREY FL 34229~~	Name Street Address (P.O. Box Number is Not Acceptable) 333 South Tamiami Trail Suite 283 City Venice FL Zip Code 34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBENALT, JOHN ~~2440 TAMIANI TRAIL N~~ ~~NOKOMIS FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robenalt, John P.O. Box 550 Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRIEDBAUER, ROGER ~~201 S BISCAYNE BLVD~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S ~~Roger~~ Friedbauer, Roger 200 S. Biscayne, Suite 2000 Miami FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ ~~BRAMER, MARLENE~~ ~~201 S BISCAYNE BLVD~~ ~~MIAMI FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Roger Friedbauer, VP 3/12/02 786-777-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #