

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88352

FILED
Mar 29, 2004
Secretary of State

Entity Name: PANAMA CITY HEALTH CARE CENTER, INC.

Current Principal Place of Business:

505 VELASQUEZ DR
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

505 VELASQUEZ DR
STE 2000
OSPREY, FL 34229 US

New Mailing Address:

505 VELASQUEZ DR
OSPREY, FL 34229 US

FEI Number: 59-2598053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBENALT, JOHN F.
505 VELASQUEZ DRIVE
OSPREY, FL 34229

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBENALT, JOHN
Address: 505 VELASQUEZ DR
City-St-Zip: OSPREY, FL 34229

Title: VPS () Delete
Name: FRIEDBAURER, ROGER
Address: 701 BRICKELL AVE STE 2525
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBENALT, JOHN F
Address: 505 VELASQUEZ DR
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. ROBENALT

P

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date