

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88352

FILED  
Jan 10, 2012  
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:**

701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131

**Current Mailing Address:**

505 VELASQUEZ DR  
OSPREY, FL 34229 US

**New Mailing Address:**

701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131

**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 US

**Name and Address of New Registered Agent:**

FRIEDBAUER, ROGER  
701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131 US

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: ROGER FRIEDBAUER

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VPS  
Name: FRIEDBAURER, ROGER  
Address: 701 BRICKELL AVE STE 2050  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: ROGER FRIEDBAUER

VP

01/10/2012

Electronic Signature of Signing Officer or Director

Date