

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J84781** (0)

1. Corporation Name
HIGH SPRINGS CARE CENTER, INC.

Principal Place of Business
**201 NE FIRST AVE.
P O BOX 2549
HIGH SPRINGS FL 32643**

Mailing Address
**% FAIRFAX NURSING CENTER, INC.
10701 MAIN STREET
FAIRFAX VA 22030-8804**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1987	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1749165	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARTIN, H E MEMORIAL DR FORT WHITE FL 32038		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 **NO CHANGE** (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, ROBERT	1.2 NAME	
STREET ADDRESS	12601 MISTY CREEK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22033	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, CHARMAINE	2.2 NAME	
STREET ADDRESS	12601 MISTY CREEK LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22033	2.4 CITY - ST - ZIP	
TITLE	AST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, LINDA	3.2 NAME	
STREET ADDRESS	12626 MISTY CREEK LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22033	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, H E	4.2 NAME	
STREET ADDRESS	MEMORIAL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT WHITE FL 32038	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 indicated on 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 if changed, or on an attachment with an address.

SIGNATURE: **Robert B. Bainum**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT BAINUM PRESIDENT

04/22/97 703-273-7705

Date Daytime Phone #

CR2E034 (9/96)