

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1987	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 58-1749165		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MARTIN, H E
MEMORIAL DR
FORT WHITE FL 32038**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Linda Percell

Linda Percell

APR 24 98 # 293-705

CR2E034 (10/97)