

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90089 025 ***158.75

DOCUMENT # J84781

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1987

4. FEI Number

58-1749165

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Trust Fund Contribution ☐ Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAINUM, ROBERT	
STREET ADDRESS	12601 MISTY CREEK LANE	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAINUM, CHARMAINE	
STREET ADDRESS	12601 MISTY CREEK LANE	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BAINUM, LINDA	
STREET ADDRESS	12626 MISTY CREEK LANE	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTIN, H E	
STREET ADDRESS	MEMORIAL DR.	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPAS
3.3 STREET ADDRESS	PERCELL, LINDA BAINUM
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Linda Bainum Percell **Vice President/Asst. Sec** **3/16/99** **703-273-7705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)