


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000922			
GREEN OAK TERRACE OF FT. MYERS L.C. 4951 TAMiami TRAIL NORTH SUITE 3 NAPLES FL 34103		1a. Principal Place of Business Address 4951 TAMiami TRAIL NORTH SUITE 3 NAPLES FL 34103			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/1996	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				59-3412430	
				5. Date of Last Report	
				03/21/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
DABROWSKI, HELENA A 4951 TAMiami TRAIL NORTH SUITE 3 NAPLES FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100002498941--9 -04/24/98 --01010--019 ****395.00 ****188.75 City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
VP	DABROWSKI, HELENA A	4951 TAMiami TRAIL NORTH,		NAPLES FL	
P	MICHNA, ANDREA	555 SKOKIE BLVD. SUITE 350		NORTHBROOK IL	


11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Helena A. Dabrowski*

2/23/98

(941)
434-9410

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FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000923		1a. Principal Place of Business Address	
CONTINENTAL HEALTH CARE OF FT. MYERS, L.C. 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103				4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/1996	
City & State		City & State		4. FEI Number 65-0740220	
Zip		Country		5. Date of Last Report 03/21/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
DABROWSKI, HELENA A 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
		800002498948--7 04/24/98--01010--019 ****395.00 ****188.75 FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
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MGR	DABROWSKI, HELENA A	4951 TAMIAMI TRAIL NORTH,		NAPLES FL	

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SIGNATURE:

Helena A. Dabrowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/23/98

Date

(941)
434-9410

Daytime Phone #

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98 APR 22 PM 1:41
4/22
SECRETARY OF STATE
TALLAHASSEE FLORIDA