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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79308

(6)

ST. ANTHONY'S EXTENDED CARE FACILITY, INC.

FILED Apr 27 1998 8:00am Secretary of State

ON ARTHORY & EXTERNEL CARE	. TAOILITT, INO			
Principal Place of Business	Mailing Address		+ 140 CORAL ME 130 M 10138 1141 00101 1014 010 M	dir arak alah alah alah isaal
% JOANN KOLAR SOLTAU	% JOANN KOLAR SOL	TAU		
314 TENTH ST.	314 TENTH ST.			
W. PALM BEACH FL 33401	W. PALM BEACH FL 3	3401	DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified 05/04/1988	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0051030	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		<u> </u>	Fee Required
23	⊢ '		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year intangible ☐ Yes ☐ No
g, Name and Address of Current		[30]	10. Name and Address of New Registered	
SOLTAU, JOANN KOLAR		81 Name	10.	- ~ .
314 TENTH ST.				
W. PALM BEACH FL 33401		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
W. I ADM OBACITIE SOUTH		63		
		84 City	F	85 Zip Code
44 Pursuant to the provisions of Sections 607 0503	and 607 1508. Florida Stati	ites the above named corn		
 Pursuant to the provisions of Sections 607.050? office or registered agent, or both, in the State 	of Florida, Such change was	authorized by the corporat	ion's board of directors. I hereby accept the ap	opointment as registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.		
SIGNATURE Signature, typed or printed name of registered again	Land life days leader (Mf	of Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	TIDDITION OF THE PROPERTY OF T	Change Addition
NAME SO LTAU, JOANN KOLAR		1,2 NAME		
STREET ADDRESS 314 TENTH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP W.PALM BEACH FL		1.4 CITY - ST - ZIP		
TITLE D	☐ DELETE	2.1 TITLE	11 V 1 - 12	Change Addition
NAME NELSE N, TERESA KOLAR		2.2 NAME		·
STREET ADDRESS 314 TENTH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP W.PALM BEACH FL		2.4 CITY - S1 - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		-
TITLE	DELETE	6.1 THILE		Change Addition
NAME		6.2 NAME		
ATOSTT ADDDEGG		0.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 cociever 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.