
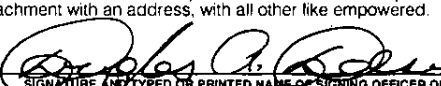


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90180 020 \*\*\*\*61.25

<b>DOCUMENT # N03000006579</b> 1. Entity Name <b>LONG TERM CARE HOSPITAL OF SW FLORIDA, INC.</b>					
Principal Place of Business <b>9800 SOUTH HEALTH PARK DRIVE SUITE 350 FORT MYERS, FL 33908</b>			Mailing Address <b>9800 SOUTH HEALTH PARK DRIVE SUITE 350 FORT MYERS, FL 33908</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DODSON, DOUGLAS A</b> <b>9800 SOUTH HEALTH PARK DRIVE</b> <b>SUITE 350</b> <b>FORT MYERS, FL 33908</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BECKETT, JOHN T</b> <b>2925 CORTEZ BOULEVARD</b> <b>FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-Chairman-CEO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Noland</b> <b>1715 MONROE ST.</b> <b>FORT MYERS, FL 33902</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BVC</b> <b>REASONER, GARRETT H</b> <b>15160 HAROUR ISLE DR #402</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER - DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>REASONER, GARRETT H.</b> <b>15160 HARBOUR ISLE DR. #402</b> <b>FORT MYERS, FL 33908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>EDWARDS, SUZANNE H</b> <b>14581 HEADWATER BAY LN</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR - SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BRUCE STRAYHORN, E. BRUCE</b> <b>2125 FIRST ST., SUITE 200</b> <b>FORT MYERS, FL 33901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR - VICE CHAIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ADAMS, DANIEL F.</b> <b>2180 W. FIRST ST., SUITE 212</b> <b>FORT MYERS, FL 33901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/17/06</b> <small>Date</small>		<b>489-0023</b> <small>Daytime Phone #</small>

40066107



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
20-0142675

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BECKETT, JOHN T</b> <b>2925 CORTEZ BOULEVARD</b> <b>FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BVC</b> <b>REASONER, GARRETT H</b> <b>15160 HAROUR ISLE DR #402</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>EDWARDS, SUZANNE H</b> <b>14581 HEADWATER BAY LN</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-Chairman-CEO</b> <b>John Noland</b> <b>1715 MONROE ST.</b> <b>FORT MYERS, FL 33902</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER - DIRECTOR</b> <b>REASONER, GARRETT H.</b> <b>15160 HARBOUR ISLE DR. #402</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR - SECRETARY</b> <b>BRUCE STRAYHORN, E. BRUCE</b> <b>2125 FIRST ST., SUITE 200</b> <b>FORT MYERS, FL 33901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR - VICE CHAIR</b> <b>ADAMS, DANIEL F.</b> <b>2180 W. FIRST ST., SUITE 212</b> <b>FORT MYERS, FL 33901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/06**  
Date

**489-0023**  
Daytime Phone #

x John C. Noland

John Noland Chairman 4/20/06