


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N10455 1. Entity Name OCEAN VIEW NURSING HOME AUXILIARY, INC.	
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Principal Place of Business 2810 S ATLANTIC AVE C/O ESTHER RAMSAY NEW SMYRNA BEACH, FL 32169-0446 US	Mailing Address 2810 S ATLANTIC AVE C/O ESTHER RAMSAY NEW SMYRNA BEACH, FL 32169-0446 US
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04112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number 59-2561536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAYES, EILEEN
2817 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000112608
04/14/04-80029-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, GLORIA 3824 SAXON DR NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABLE, BARBARA 834 8TH AVE NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JULIAN, BETTY 149 BREEZEWAY COURT NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, EILEEN 2817 TURNOVER ESTATES DR. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Eileen Hayes 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #