2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N44499 FILED-1. Entity Name SECRETARY OF STATE HEALTHPARK CARE CENTER, INC. OT APR -9 PM 1: 19 Principal Place of Business Mailing Address 16131 Roserush Court 2776 Cleveland Avenue Fort Myers, FL 33908 Fort Myers, FL 33901 32545 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0319983 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent McCURDYM ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 2776 Cleveland Avenue Fort Myers, FL 33901 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) e.i.. DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to. \Box FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F TILE Change Addition □ Delete D NAME NAME Barrett, Lois C. STREET ADDRESS STREET ADDRESS 242 Stevens Boulevard Fort Myers Beach, FL CITY-ST-7IP CITY-ST-ZIP TITLE SD TITLE ☐ Delete VC Change ☐ Addition NAME Rosen, Spring 1747 Jewel Box Drive Rosen, Spring 1747 Jewel Box Drive NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Sanibel, FL 33957 <u>Sanibel, FL 33957</u> TITLE ☐ Delete TITLE Change ☐ Addition Doragh, Pete NAME NAME Doragh, Pete STREET ADDRESS 12071 Wedge Drive STREET ADDRESS 12071 Wedge Drive CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33913 <u>Fort Myers, FL 33913</u> TITLE ☐ Delete TITLE Change ■ Addition NAME Martin, William NAME Bayshore Village 15890 Lake STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. Fort Myers FL 33917 TITLE TD Delete TITLE ☐ Change ☐ Addition NAME Stout, Marilyn NAME 4925 SW 29th Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cape <u>Coral, FL 33914</u> CITY-SI-ZIP TITLE Defete TITLE ☐ Addition NAME Daniels, Larry 2525 E. First St. Apt. A105 STREET ADDRESS STREET ADDRESS 03/20/01 90113001 61.25 CITY-ST-ZIP Fort Myers, FL 33901 CITY-ST-ZIP 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:

Devisore Phone a

AHachnent #N44499

Treasurer
Jo Ellen Beauvois
1766 Cape Coral Pkwy E304
Cape Coral, FL 33904

325

Director Nancy McGovern 785 South Entrada Drive Fort Myers, FL 33919

Chair
Father James English
1255 Florida Avenue
Fort Myers, FL 33901

<u>Director</u> Linda Brown 3731 Liberty Square Fort Myers, FL 33908

Secretary
Rosemary Conner
18061 Interlochen Lane
Alva, FL 33920

Director
James Green
P.O. Box 91
Fort Myers, FL 33902