2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State
08-31-2006 90002 041 ****61.25

DOCUMENT # N44499

1. Entity Name
HEALTHPARK CARE CENTER, INC.

Principal Place of Business	Mailing Address
16131 ROSERUSH COURT FT MYERS, FL 33908	2776 CLEVELAND AVENUE FT MYERS, FL 33901

07122006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0319983 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCURDY, ROBERT C
2776 CLEVELAND AVE
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name: MARY A McGillicuddy
Street Address (P.O. Box Number is Not Acceptable): c/o Lee Memorial Hospital
2776 Cleveland Ave
City: Ft Myers FL Zip Code: 33902

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: Mary A. McGillicuddy 8-24-06
Signature, type 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 September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MCGOVERN, NANCY MS. RN 785 S. ENTRADA DR. FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, WILLIAM 15890 LAKE POINT CT. BAYSHORE VILLAGE FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, JAMES PO BOX 91 FORT MYERS, FL 33902	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOIS BARRETT 8701 ESTERO BL # 607 Ft Myers Fl 33931 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BROWN, LINDA ARNP 13115 FEATHER SOUND DR, UNIT #105 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C LINDA BROWN, ARNP 14890 Shrike WAY Ft Myers FL 33908 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARILYN STOUT 2907 SW 29th Ave Cape Coral FL 33914 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Rev James English 1255 Florida Ave Ft Myers FL 33901 ☐ Change ☒ 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: James A Nolen 8/18/2006 239-985-3502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LBrownARNP