


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90142 015 ****70.00

0014176

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N48692

1. Corporation Name
SUNBELT LIVING CENTERS, INC.

Principal Place of Business
500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751

Mailing Address
500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751



2. Principal Place of Business 21 602 Courtland Street Suite, Apt. #, etc. 22 Suite 200 City & State 23 Orlando, FL Zip 24 32804 Country 25	2a. Mailing Address 26 602 Courtland Street Suite, Apt. #, etc. 27 Suite 200 City & State 28 Orlando, FL Zip 29 32804 Country 30	3. Date Incorporated or Qualified 05/01/1992 4. FEI Number 59-3246597 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

9. Name and Address of Current Registered Agent

STEWART, J. DARIN
111 N ORLANDO AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, MARDIAN	1.2 NAME	
STREET ADDRESS	11 N ORLANDO AVENUE	1.3 STREET ADDRESS	111 N. Orlando Avenue
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOBAN, GLEN	2.2 NAME	Jimenez, A. David
STREET ADDRESS	500 WINDERLEY PLACE	2.3 STREET ADDRESS	111 N. Orlando Avenue
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTER, RICHARD	3.2 NAME	
STREET ADDRESS	3978 MEMORIAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 32789	3.4 CITY-ST-ZIP	30032
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKILTON, GARY	4.2 NAME	
STREET ADDRESS	111 N ORLANDO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 30032	4.4 CITY-ST-ZIP	32789
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESE, CALVIN	5.2 NAME	
STREET ADDRESS	111 N ORLANDO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32751	5.4 CITY-ST-ZIP	32789
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, VANN D.	6.2 NAME	
STREET ADDRESS	500 WINDERLEY PLACE	6.3 STREET ADDRESS	602 Courtland Street, Suite 200
CITY-ST-ZIP	MAITLAND FL 76028	6.4 CITY-ST-ZIP	Orlando, FL 32804

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 407-975-3000

Date

Daytime Phone #

CR2E037 (11/98)