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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002933

1. Corporation Name

SOUTH CENTRAL NURSING HOMES OF ZEPHYRHILLS, INC.

Principal Place of Business
500 WINDERLEY PL. SUITE 115
MAITLAND FL 32751

Mailing Address
500 WINDERLEY PL. 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		2a. Mailing Address 26 602 Courtland Street Suite, Apt. #, etc. 27 Suite 200 City & State 28 Orlando, FL Zip 29 32804		3. Date Incorporated or Qualified 05/24/1996	
				4. FEI Number 59-3380775	
				Applied For Not Applicable	
				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 ESO
ADVENTIST HLTH SYS SUNBELT HEALTHCARE CORP
HEALTHCARE CORP, INC.-111 N ORLANDO AVE
WINTER PARK FL 32789-3675

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	CPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUBBA, HENRY J	1.2 NAME	
STREET ADDRESS	1672 SWEETWATER WEST CIRCLE	1.3 STREET ADDRESS	1672 Sweetwater Circle West
CITY-ST-ZIP	APOKA FL 32712	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOATSON, TIM	2.2 NAME	
STREET ADDRESS	2127 S TERRACE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, JOHN	3.2 NAME	
STREET ADDRESS	1600 SACRAMENTO INN WAY, STE 116	3.3 STREET ADDRESS	2134 Korat Lane
CITY-ST-ZIP	SACRAMENTO CA 95815	3.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jones, William E.
STREET ADDRESS		4.3 STREET ADDRESS	1417 Valley Pine Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Coe, Wallace O.
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 6330
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deltona, FL 32728
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

4-26-99 407-95-3000

Date

Daytime Phone #

CR2E037 (1/98)