


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002933

1. Entity Name
 SOUTH CENTRAL NURSING HOMES OF ZEPHYRHILLS, INC.



Principal Place of Business Mailing Address

602 COURTLAND STREET 602 COURTLAND STREET
 STE 200 STE 200
 ORLANDO, FL 32804 ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3380775 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMBLE, T.L.
 111 N. ORLANDO AVENUE
 WINTER PARK, FL 32789-3675

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ELLIOTT, BERNARD
STREET ADDRESS	156 LANCER OAK DRIVE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VCD
NAME	HOATSON, TIM
STREET ADDRESS	2127 S TERRACE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PD
NAME	CAMP, VANN D
STREET ADDRESS	500 WHISPER WOOD DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	CD
NAME	JONES, WILLIAM E
STREET ADDRESS	1417 VALLEY PINE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	SD
NAME	COE, WALLACE O
STREET ADDRESS	925 SYLVIA DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	ASD
NAME	ROLL, HAROLD
STREET ADDRESS	729 MAY DAY DRIVE
CITY-ST-ZIP	APOPKA, FL 32712

U00000341243
 04/29/05-80007-024 61.25

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)(f), 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:  Vann D. Camp Date 4/22/05 407-975-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #