

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2006  
Secretary of State**

DOCUMENT# N96000002933

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

**Current Principal Place of Business:**

602 COURTLAND STREET  
STE 200  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

602 COURTLAND STREET  
STE 200  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3380775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIMBLE, T.L.  
111 N. ORLANDO AVENUE  
WINTER PARK, FL 327893675 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ELLIOTT, BERNARD  
Address: 156 LANCER OAK DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: VCD ( ) Delete  
Name: HOATSON, TIM  
Address: 2127 S TERRACE BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: CAMP, VANN D  
Address: 500 WHISPER WOOD DR  
City-St-Zip: LONGWOOD, FL 32779

Title: CD ( ) Delete  
Name: JONES, WILLIAM E  
Address: 1417 VALLEY PINE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: COE, WALLACE O  
Address: 925 SYLVIA DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: ASD ( ) Delete  
Name: ROLL, HAROLD  
Address: 729 MAY DAY DRIVE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANN D. CAMP

PD

01/12/2006

Electronic Signature of Signing Officer or Director

Date