

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-29-1999 90142 016 ****70.00

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1. Corporation Name

SUNBELT LIVING CENTER/APOPKA, 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

09/25/1996

4. FEI Number

APPLIED FOR 59-3437867

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

J DARIN STEWART
ADVENTIST HLTH SYS SUNBELT HEALTHCARE CORP
111 NORTH ORLANDO AVENUE
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

TITLE CPD ☐ DELETE

NAME CARUBBA, HENRY J

STREET ADDRESS 1672 SWEETWATER WEST CIRCLE

CITY-ST-ZIP APOPKA FL 32712

TITLE DVS ☐ DELETE

NAME HOATSON, TIM

STREET ADDRESS 2127 SOUTH TERRACE BOULEVARD

CITY-ST-ZIP LONGWOOD FL 32779

TITLE STD ☐ DELETE

NAME BULLOCK, JOHN

STREET ADDRESS 1600 SACRAMENTO INN WAY, STE 116

CITY-ST-ZIP SACRAMENTO CA 95815

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1672 Sweetwater Circle West

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2134 Korat Lane

3.4 CITY-ST-ZIP Orlando, FL 32810

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS Jones, William E.

4.4 CITY-ST-ZIP 1417 Valley Pine Circle

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS D Coe, Wallace O.

5.4 CITY-ST-ZIP P.O. Box 6330

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

4-26-99 407-975-3000
Date Daytime Phone #

CR2E037 (11/98)