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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000004243

1. Corporation Name

SOUTH CENTRAL NURSING HOMES OF ORLANDO, INC.

Principal Place of Business

500 WINDERLEY PL. STE. 115
MAITLAND FL 32751

Mailing Address

500 WINDERLEY PL. STE. 115
MAITLAND FL 32751



2. Principal Place of Business

21 602 Courtland Street

2a. Mailing Address

26 602 Courtland Street

3. Date Incorporated or Qualified

07/20/1998

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27 Suite 200

4. FEI Number

59-3524491

Applied For

Not Applicable

City & State

23 Orlando, FL

City & State

28 Orlando, FL

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip

24 32804

Country

Zip

29 32804

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$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 32789-3675

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 D ☐ DELETE

NAME CARUBBA, HENRY J
STREET ADDRESS 1672 SWEETWATER W. CIR.
CITY-ST-ZIP APOPKA FL 32715

TITLE D ☐ DELETE

NAME HOATSON, TIM
STREET ADDRESS 2127 S. TERR. BLVD.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE

NAME BULLOCK, JOHN
STREET ADDRESS 1600 SACRAMENTO INN WAY, STE. 116
CITY-ST-ZIP SACRAMENTO CA 95815

TITLE D ☐ DELETE

NAME JONES, WILLIAM E
STREET ADDRESS 1417 VALLEY PINES CIRCLE
CITY-ST-ZIP APOPKA FL 32715

TITLE D ☐ DELETE

NAME COE, WALLACE O
STREET ADDRESS P.O. BOX 6330 N/A
CITY-ST-ZIP DELTONA FL 32728

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDC ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1672 Sweetwater Circle West
1.4 CITY-ST-ZIP 32712

2.1 TITLE VDC ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE STD ☒ 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
4.4 CITY-ST-ZIP 32712

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS P.O. Box 6330
5.4 CITY-ST-ZIP

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

Date

Daytime Phone #

4-26-99 407-975-3000

CR2E037 (11/98)