

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004036

FILED
Mar 30, 2011
Secretary of State

Entity Name: ALL SAINTS CATHOLIC NURSING HOME AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

5888 BLANDING BLVD
JACKSONVILLE, FL 322441927

New Principal Place of Business:

5888 BLANDING BLVD
JACKSONVILLE, FL 322441927 US

Current Mailing Address:

5888 BLANDING BLVD
JACKSONVILLE, FL 322441927

New Mailing Address:

5888 BLANDING BLVD
JACKSONVILLE, FL 322441927 US

FEI Number: 59-0791006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUIDI, DENNIS E
1837 HENDRICKS AVE
JACKSONVILLE, FL 32207 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: D
Name: TIERNEY, WILLIAM J
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D
Name: MCGLOUGHLIN, LUKE REV
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D
Name: KEYES, PRESTON
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D
Name: THORNTON, JOHN P
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D
Name: BEITZ, WILLIAM C
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D
Name: FEWOX, SHIRLEY
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244 US

I hereby 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 all other like empowered.

SIGNATURE: PRESTON KEYES

D

03/30/2011

Electronic Signature of Signing Officer or Director

Date