2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# N99000004036

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

Current Principal Place of Business:

5888 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5888 BLANDING BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-0791006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 ( ) Delete
Name: TIERNEY, WILLIAM J
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: D ( ) Delete
Name: RABUK, LEO
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Delete
Name: WILBUR, ALICE H
Address: 5888 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: RABUCK, LEO
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

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 Section 119.07(3)(i), 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: WILLIAM TIERNEY D 04/28/2003

Electronic Signature of Signing Officer or Director — Date