

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002317

FILED
May 01, 2008
Secretary of State

Entity Name: OAKWOOD NURSING CENTER, INC.

Current Principal Place of Business:

2021 SOUTHWEST 1ST AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1435 E. PIEDMONT DR.
STE. 215
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3694896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILROY, JOHN F III
1435 E. PIEDMONT DR., STE. 215
TALLAHASSEE, FL 32308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERT W., HAGAN
Address: 16 NORCROSS ST STE 50B
City-St-Zip: ROSWELL, GA 30075

Title: S () Delete
Name: MARY LU, FLORY
Address: 16 NORCROSS ST STE 50 B
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. HAGAN

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date