

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002317

1. Entity Name
OAKWOOD NURSING CENTER, INC.



Principal Place of Business
2021 SOUTHWEST 1ST AVE
OCALA FL 34474

Mailing Address
16 NORCROSS STREET
ROSWELL GA 30075

FILED

03-MAR--6-PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3694896

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

Name R. Bruce McKibben, P.A.
Street Address (P.O. Box Number is Not Acceptable)

1435 East Piedmont Dr. Ste 214
City Tallahassee FL Zip Code 32308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HAGEN, ROBERT ☐ Delete
STREET ADDRESS 16 NORCROSS ST STE 50B
CITY-ST-ZIP ROSWELL GA 30075

TITLE CFO
NAME Donna Sweda ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP same address

TITLE VP
NAME HAGAN, KAREN ☒ Delete
STREET ADDRESS 16 NORCROSS ST STE 50 B
CITY-ST-ZIP ROSWELL GA 30075

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800014417179
03/20/03--01067--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E034 (10/02)