

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000027422

1. Entity Name
THE PLACE AT DAYTONA BEACH, INC.



Principal Place of Business
**570 NATIONAL HEALTHCARE DR.
DAYTONA BEACH, FL 32114-1494**

Mailing Address
**570 NATIONAL HEALTHCARE DR.
DAYTONA BEACH, FL 32114-1494**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3713797

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

000000400297

02/01/06-80047-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAWN, STEVE
STREET ADDRESS	910 SPRING PARK STREET #303
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	PDT
NAME	BAIRD, ROSS
STREET ADDRESS	550 NATIONAL HEALTHCARE DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	S
NAME	AYERS, JACQUELYN
STREET ADDRESS	PO BOX 11037
CITY-ST-ZIP	MURFREESBORO, TN 37128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2006

Date

Daytime Phone #