

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064842

FILED
Feb 07, 2005
Secretary of State

Entity Name: SOUTHWOOD NURSING CENTER, INC..

Current Principal Place of Business:

40 ACME ST.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

16 NORCROSS ST.,STE. 50-B
ROSWELL, GA 30075

New Mailing Address:

FEI Number: 59-3730158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R. BRUCE MCKIBBEN, PA
1435 EAST PIEDMONT DRIVE
SUITE 214
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: CFO () Delete
Name: SWEDA, DONNA
Address: 16 NORCROSS ST.,STE.50-B
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: DONNA SWEDA

CFO

02/07/2005

Electronic Signature of Signing Officer or Director

Date