

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077616

FILED
Feb 07, 2005
Secretary of State

Entity Name: LAURELLWOOD NURSING CENTER, INC.

Current Principal Place of Business:

3127 57TH AVE NORTH
ST.PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0095705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKIBBEN, R. BRUCE JR
1435 E PIEDMONT DRIVE STE 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: D () Delete
Name: FLORY, MARY LOU
Address: 1435 E PIEDMONT DRIVE STE 214
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: FLORY, MARY LOU
Address: 1435 E PIEDMONT DRIVE STE 214
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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