

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90079 046 ***150.00

DOCUMENT # P02000077676

1. Entity Name
WILLOW WOOD NURSING CENTER, INC.



Principal Place of Business
**10 NORCROSS STREET SUITE 503
ROSWELL GA 30075**

Mailing Address
**10 NORCROSS STREET SUITE 503
ROSWELL GA 30075**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4595 Cantrell Rd.
Suite, Apt. #, etc.

3. Mailing Address
16 Norcross St
Suite, Apt. #, etc.
Suite 50-B

City & State
Flowery Branch GA
Zip
30542 Country
USA

City & State
Roswell GA
Zip
30075 Country
USA

4. FEI Number
32-0022906

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

MCKIBBEN, R. BRUCE JR.
1435 E PIEDMONT DRIVE SUITE 214
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLORY, MARY LOU
10 NORCROSS STREET SUITE 503
ROSWELL GA 30075 **same address**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Donna Sweda
16 Norcross St Ste 50-B
Roswell, GA 30075

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/11/03 770 993 4000

Date

Daytime Phone #

CR2E034 (10/02)