

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90070 022 ***150.00

DOCUMENT # P03000152312 1. Entity Name WILLISTON HEALTH CARE CENTER, INC.					
Principal Place of Business 300 NW 1ST AVENUE WILLISTON, FL 32696			Mailing Address 300 NW 1ST AVENUE WILLISTON, FL 32696		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03292005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 20-0560531				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PARKER, SHELBY 300 NW 1ST AVENUE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1556 MAGUIRE RD OCFEE, FL 34761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE 300 NW 1ST AVENUE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 910 SPRING PARK ST. # 303 CELEBRATION, FL 34747		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OWENS-WICKGE, MARIA 300 NW 1ST AVENUE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OWENS-WICKER, MARIA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, RENEE 300 NW 1ST AVENUE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WRIGHT, RENEE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AYERS, JACQUELYN 300 NW 1ST AVENUE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 11037 MURFREESBORO, TN 37129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Maria Owens Wicker</u> MARIA OWENS-WICKER 3/29/05 352-578-3561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					