

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157342

FILED
Apr 30, 2007
Secretary of State

Entity Name: PEACE RIVER HMA NURSING CENTER, INC.

Current Principal Place of Business:

2370 HARBOR DRIVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-1928243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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: VSD () Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BLVD SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: AARON, JON C
Address: 2370 HARBOR DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: PUTTER, JOSHUA S
Address: 2500 HARBOR DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: PUTTER, JOSHUA S
Address: 2500 HARBOR DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: BRYANT, GARY S
Address: 5811 PELICAN BAY BLVD SUITE 500
City-St-Zip: NAPLES, FL 34108

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ASEC () Change (X) Addition
Name: HOLLOWAY, KATHLEEN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIMOTHY R. PARRY

SVPD

04/30/2007

Electronic Signature of Signing Officer or Director

Date