

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100854

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: LAKEWOOD NURSING CENTER, INC.

## Current Principal Place of Business:

100 NORTH LAKE STREET  
CRESCENT CITY, FL 32112 US

## New Principal Place of Business:

## Current Mailing Address:

100 NORTH LAKE STREET  
CRESCENT CITY, FL 32112 US

## New Mailing Address:

FEI Number: 51-0548461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILROY, JOHN F III  
1435 EAST PIEDMONT DR  
SUITE 102  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

GILROY, JOHN F III  
1435 EAST PIEDMONT DR  
SUITE 215  
TALLAHASSEE, FL 32308 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: HAGAN, ROBERT W  
Address: 16 NORCROSS STREET, SUITE 50 B  
City-St-Zip: ROSWELL, GA 30075 US

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

Title: SEC ( ) Delete  
Name: FLORY, MARY L  
Address: 16 NORCROSS STREET, SUITE 50 B  
City-St-Zip: ROSWELL, GA 30075 US

## 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:

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: ROBERT W. HAGAN

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

Date