

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 012 ***150.00

DOCUMENT # P05000100854 1. Entity Name LAKEWOOD NURSING CENTER, INC.			
Principal Place of Business 100 NORTH LAKE STREET CRESCENT CITY, FL 32112 US		Mailing Address 100 NORTH LAKE STREET CRESCENT CITY, FL 32112 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 16 NORCROSS STREET SUITE 100 City & State ROSWELL, GA Zip 30075 Country FULTON	
City & State Zip		4. FEI Number 51-0548461 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILROY, JOHN F III 1435 EAST PIEDMONT DR SUITE 215 TALLAHASSEE, FL 32308		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAGAN, ROBERT W 16 NORCROSS STREET, SUITE 50 B ROSWELL, GA 30075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 NORCROSS STREET, SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SWEDA, DONNA 16 NORCROSS STREET, SUITE 50 B ROSWELL, GA 30075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 NORCROSS STREET, SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FLORY, MARY L 16 NORCROSS STREET, SUITE 50 B ROSWELL, GA 30075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 NORCROSS STREET, SUITE 100
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT W. HAGAN, CEO		Date _____ (770) 993-4000 Daytime Phone #	