2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100854

FILED Apr 29, 2009 Secretary of State

| Entity Nar | ne: LAKEW | OOD NURSING | CENTER, INC. | | | |
|--|------------------------------|------------------|-------------------|---|---|--|
| Current Principal Place of Business: | | | | New Principal Pla | New Principal Place of Business: | |
| | H LAKE STRI IT CITY, FL 3 | | | | | |
| Current Mailing Address: | | | | New Mailing Add | New Mailing Address: | |
| SUITE 100 | ROSS STREE , GA 30075 | T US | | | | |
| FEI Number: | 51-0548461 | FEI Number A | pplied For () | FEI Number Not Applicable (|) Certificate of Status Desired () | |
| Name and | Address of | Current Regist | tered Agent: | Name and Addres | ss of New Registered Agent: | |
| GILROY, JOHN F III 1435 EAST PIEDMONT DR SUITE 215 TALLAHASSEE, FL 32308 US | | | | 1695 MÉTROPOLI SUITE 2 | GILROY, JOHN F III 1695 METROPOLITAN CIRCLE SUITE 2 TALLAHASSEE, FL 32308 US | |
| | named entity of Florida. | submits this sta | atement for the p | urpose of changing its regist | tered office or registered agent, or both, | |
| SIGNATURE: | | | | | 04/29/2009 | |
| | Electro | nic Signature o | Registered Age | ent | Date | |
| Election Can | npaign Financir | g Trust Fund Co | ntribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | HAGAN, ROBE | S STREET, SUITE | 100 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | FLORY, MARY | S STREET, SUITE | 100 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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 04/29/2009 CEO