

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100854

FILED
Mar 31, 2011
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:

16 NORCROSS STREET
SUITE 100
ROSWELL, GA 30075 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
1695 METROPOLITAN CIRCLE
SUITE 2
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

JOHN F. GILROY, III, PA
1695 METROPOLITAN CIRCLE
SUITE 2
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: JOHN F. GILROY, III, PA

03/31/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: HAGAN, ROBERT W
Address: 16 NORCROSS STREET, SUITE 100
City-St-Zip: ROSWELL, GA 30075 US

Title: SEC
Name: FLORY, MARY L
Address: 16 NORCROSS STREET, SUITE 100
City-St-Zip: ROSWELL, GA 30075 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN F. GILROY, III, PA

MR.

03/31/2011

Electronic Signature of Signing Officer or Director

Date