FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000016872 (2)**

1. Corporation Name

REGENCY HEALTH CARE CENTERS, INC.

Principal Place of Business

555 WEST GRANADA BLVD.
SUITE B-10
ORMOND BEACH FL 32174

Mailing Address

555 WEST GRANADA BLVD.
SUITE B-10
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: **03/05/1993**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **58-1686105** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation owe any intangible tax under s. 199.032, Florida Statutes? ☑ Yes ☐ No

2. Principal Place of Business
21 45 Seton Trail
22 Suite, Apt. #, etc.
23 City & State: Ormond Beach, FL
24 Zip: 32176 25 Country: USA

2a. Mailing Address
26 45 Seton Trail
27 Suite, Apt. #, etc.
28 City & State: Ormond Beach, FL
29 Zip: 32176 30 Country: USA

9. Name and Address of Current Registered Agent

GARTHE, J S
555 WEST GRANADA BLVD.
SUITE B-10
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 45 Seton Trail
83
84 City: Ormond Beach **FL** 85 Zip Code: 32176

11. Pursuant to the provisions of Sec. 607.0502 and 607.1005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HAYES, RONALD E	
STREET ADDRESS	555 WEST GRANADA BLVD. SUITE B-10	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☐ DELETE
NAME	GARTHE, J S	
STREET ADDRESS	555 WEST GRANADA BLVD. SUITE B-10	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☐ DELETE
NAME	FERGUSON, DENNIS J	
STREET ADDRESS	555 WEST GRANADA BLVD. SUITE B-10	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	☐ DELETE
NAME	LENNARTZ, JOSEPH V	
STREET ADDRESS	555 WEST GRANADA BLVD., SUITE B-10	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	☐ DELETE
NAME	WILSON, DEBORAH B	
STREET ADDRESS	555 WEST GRANADA BLVD., SUITE B-10	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	45 Seton Trail	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	45 Seton Trail	
CITY-ST-ZIP	Omrond Beach, FL 32176	
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	45 Seton Trail	
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CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	45 Seton Trail	
CITY-ST-ZIP	Ormond Beach, FL 32176	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(i), Florida Statutes. I further certify that the corporation named herein has complied with the applicable provisions of Florida Statutes, and that its status 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 12 or Block 13 (if changed) or on an attached sheet, with an address.

SIGNATURE: Ronald E. Hayes Jr., President 1 Ronald E. Hayes 3/21/96 (904) 673-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE