2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083507 1. Entity Name BELHAVEN NURSING HOME, INC.					Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90183 046 ***150.00			
Principal Place of Business 12434 MANDARIN RD JACKSONVILLE FL 32223 US		Mailing Address 12434 MANDARIN RD JACKSONVILLE FL 32223 US						
2. Principal Place of Business		3. Mailing Address			- I TO DITECT IN COLOR TIME BOTH BOTH ORDER DOUGH FOR DE THEIR BUTH COURT FORT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3212957		oplied For	
Zip Country		Zip Country		5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Register			
	5. Name and Address of Garlone		Name					
SUTER, JOHN L SR 12434 MANDARIN RD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32223			City	FL Zip Code				
				-	"L '			
Tax filing requirement and elects to do so After May 1,			! FEE IS \$150.00 2 Fee will be \$550.00 le to Department of State		Election Campaign Financing Trust Fund Contribution.	Adde	00 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AE	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUTER, J J 4421 NW 12 PL GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTER, A 12434 MANDARIN RD JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	का क्षेत्र व्याप्ता का का का ना का		NAME - STREET ADDRESS CITY-ST-ZIP	e sere		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with t I on this report or supplemental report is t rporation or the receiver or trustee empov , or on an attachment with an address, wi	rue and accurate and that my s vered to execute this report as	signature shall have t	ne same	legal effect as if made under oath; tha	t i am an officer	or director	

SIGNATURE:

SUTER

904-886-2942