FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:55

DOCUMENT # P93000083511 (4)

1. Corporation Name
MAGNOLIA NURSING HOME, INC.

Principal Place of Business	Mailing Address
2500 BISHOP ESTATES RD. JACKSONVILLE FL 32259	2500 BISHOP ESTATES RD. JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1993
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 12434 MANDARIN RD	26 12434 MANDARIN RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32223 Country 25	Zip 29 32223 Country 30

4. FEI Number: 59-3212954 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTER, JOHN L SR.
2503 BISHOP ESTATE RD.
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 12434 MANDARIN RD
03
04 City JACKSONVILLE FL 05 Zip Code 32223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was 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: JOHN L SUTER, SR. 1/31/95
Signature of typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	1.1 TITLE		☒ Change ☐ Addition
NAME	SUTER, J. J	1.2 NAME	SUTER, J. JR.	
STREET ADDRESS	4421 NW 12 PL	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	SOCTY	☐ Change ☒ Addition
NAME		2.2 NAME	A. SUTER	
STREET ADDRESS		2.3 STREET ADDRESS	12434 MANDARIN RD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Suter A. SUTER, SOCTY 1/31/95 904-286-2942
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date (Daytime Phone)

0024003 CP