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 # **P93000084764 (8)**

1. Corporation Name

CENTURY HEALTH CARE INVESTORS OF JACKSONVILLE, I NC.

Principal Place of Business	Mailing Address
650 N TAMIAMI TRAIL OSPREY FL 34229	650 N TAMIAMI TRAIL OSPREY FL 34229

3. Date Incorporated or Qualified: **12/10/1993**
3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-3214494** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2440 No. TAMIAMI TR	26 SAME
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State: NOKOMIS, FL	28 City & State:
24 Zip: 34275 25 County: SARASOTA	29 Zip: 30 County:

9. Name and Address of Current Registered Agent

LUZIER, THOMAS B
650 N TAMIAMI TR
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2440 No. TAMIAMI TR
83
84 City: NOKOMIS FL 85 Zip Code: 34275

11. Pursuant to the provisions of Sections 607.0502 or 617.1502, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	DP ROBENALT, JOHN F 650 N. TAMIAMI TR. OSPREY FL ☐ DELETE		☑ Change ☐ Addition 2440 No TAMIAMI TR. NOKOMIS, FL 34275
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	VS LUZIER, THOMAS B 650 N. TAMIAMI TR OSPREY FL ☐ DELETE		☑ Change ☐ Addition 2440 No. TAMIAMI TR. NOKOMIS, FL 34275
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE		☐ Change ☐ Addition

14. I do hereby certify that the information indicated on this 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 added to the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (12/95)