FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084764 (8)

CENTURY HEALTH CARE INVESTORS OF JACKSONVILLE, I

FILED Mar 31 1998 8:00am Secretary of State

NC.			- . .						
Principal Place of Business		Mailing Address			-{		(Bil IDRID DII	II OUDI PER	
2440 NO. TAMIAMI TRAIL NOKOMIS FL 34275 US		2440 NO. TAMIAMI TRAIL NOKOMIS FL 34275 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						12/10/1993			
2. Principal F	Place of Business	2s. Mailing Address			4. FEI Number		Ar	plied For	
21		26				59-3214494			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		City & State						Fee Re	
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00		
Zip Country		Zip Country				8. This corporation owes or has pai		Added to	
24	25 29		30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg		jent	
LU	ZIER, THOMAS B		l	81 N	ame				
24	40 NO. TAMIAMI TRAIL		ŀ	82 S	reet Addre	ss (P.O. Box Number is Not Acceptable	e)		
NO		ļ				-,			
				83					
			ŀ	84 C	ty		—	85 Zip (Code
11 Pureupat	to the provinions of Sections 607 060	22 and 607 1609 Florida Clatida				ration submits this statement for the pu	FL		
office or i	registered agent, or both, in the State	of Florida, Such change was a statute of Florida. Such change was a statute of Florida.	uthorized	by the	corporatio	ration submits this statement for the pu on's board of directors. I hereby accep-	urpose or c t the appoi	nanging it ntment as	s registered registered
SIGNATURE	erriaminal with, and accept the oblig	ations of section 607.0300, Fior	nua Statt	Jies.					
	Signature, typed or printed name of registered ag-		Registered	Agent ek	nature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.		- 1	ADDITIONS/CHANGES TO OFFICE			
TITLE	DP Robenalt, John F	DELETE			Ì		L	_ Change	☐ Addition
NAME : STREET ADDRESS :	2440 NO. TAMIAMI TRAIL		1.2 NAI						
CiTY-ST-ZIP	NOKOMIS FL			REET ADD					
TITLE	VS	DELETE	2.1 TrT	Y-ST-ZIF I F				Change	Addition
NAME	LUZIER, THOMAS B		2.2 NAME				_	onlingo	
STREET ADDRESS	2440 NO. TAMIAMI TRAIL		2.3 STREET ADDR		ess				
CFTY-ST-ZIP	NOVOMO EI		2.4 CII	IY-ST-ZI	,				
TITLE		☐ DELETE	E 3.1 TITLE				L	Change	Addition
NAME			32 NAI	ME					
STREET ADDRESS			3.3 STR	REET ADD	IESS				
CITY-ST-ZIP		□ 65, 57¢		Y-ST-ZK	·				
TITLE		☐ DELETE	4.1 TITL		İ		L	J Change	L Addition
NAME STREET ADDRESS			4. 2 NA						
CITY-ST-ZIP				LEET ADD		•			
TITLE		DELETE	5.1 TITL	Y - ST - ZIP	-			Change	Addition
NAME			5.2 NAA				_	_ 5.m.180	
STREET ADDRESS				reet adde	ESS				
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	6.1 TITL					Change	Addition
NAME			6.2 NAM	A E					İ
STREET ADDRESS			6.3 STR	EET ADOF	ESS				
CITY-ST-ZIP				Y-ST-ZIP					
14. Thereby o	ertity that the information supplied w	ith this filmo does not qualify for	the ever	notion	stated in S	ection 119 07(3)(i) Florida Statutes I fo	orthor contit	what the	information

4. I hereby certify that the information supplied with this filing 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 of he receiver of 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 pinkin attachment with an address.

SIGNATURE:

3/25/5

9419667755

R2E034 (10/97)