

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000084764**1. Entity Name
CENTURY HEALTH CARE INVESTORS OF JACKSONVILLE, INC.Principal Place of Business
887 MACEWEN DRIVE
OSPREY FL 34229
Mailing Address
P.O. BOX 550
OSPREY FL 342292. Principal Place of Business
333 SOUTH TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.
SUITE 283

Suite, Apt. #, etc.

City & State
VENICE FL

City & State

Zip Country
34285 US

Zip Country

4. FEI Number
65-0588721
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**ROBENALT JOHN F
887 MACEWEN DRIVE
OSPREY FL 34229
USName
ROBENALT JOHN F
Street Address (P.O. Box Number is Not Acceptable)
333 SOUTH TAMiami TRAIL
SUITE 283
City
VENICE FL
Zip Code
34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PDST
NAME ROBENALT JOHN F ☐ Delete
STREET ADDRESS 887 MACEWEN DRIVE
CITY-ST-ZIP OSPREY FL 34229TITLE PDST
NAME ROBENALT JOHN F ☒ Change ☐ Addition
STREET ADDRESS 333 SOUTH TAMiami TRAIL, SUITE 283
CITY-ST-ZIP VENICE FL 34285TITLE PDST
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE PDST
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE PDST
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Robenalt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 04/27/2001

Date Daytime Phone #

CR2E034 (11/00)