

175

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 029 ***150.00

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DOCUMENT # **P93000084764**

1. Entity Name
**CENTURY HEALTH CARE INVESTORS OF JACKSONVILLE, I
NC.**



Principal Place of Business
**999 SOUTH TAMiami TRAIL
SUITE 203
VENICE FL 34285
US**

Mailing Address
**P.O. BOX 550
OSPREY FL 34229**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
505 VELASQUEZ DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
OSPREY, FL

City & State

4. FEI Number **65-0588721**

Applied For
 Not Applicable

Zip **34229** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBENALT, JOHN F
~~999 SOUTH TAMiami TRAIL~~
~~SUITE 203~~
VENICE FL 34285

Name
Street Address (P.O. Box Number is Not Acceptable)
505 VELASQUEZ DR
City **OSPREY** FL Zip Code **34229**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PDST	ROBENALT, JOHN F	999 SOUTH TAMiami TRAIL, SUITE 203	VENICE FL 34285	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		505 VELASQUEZ DR	OSPREY, FL 34229	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John F. Robenalt, President** **4/28/03** **944 7755**
Date Daytime Phone #

CR2E034 (10/02)