# 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 # **P94000071116 (5)**

1. Corporation Name

**CENTURY HEALTH CARE INVESTORS OF DUVAL COUNTY, I NC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 650 N. TAMIAMI TRAIL<br>OSPREY FL 34229 | 650 N. TAMIAMI TRAIL<br>OSPREY FL 34229 |

3. Date Incorporated or Qualified: **09/26/1994**
3a. Date of Last Report: **04/17/1995**

4. FEI Number: **65-0534827** ☐ 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
21 2440 No. TAMIAMI TR
22 Suite, Apt. #, etc.
23 NOKOMIS, FL
24 Zip 34275 25 County SARASOTA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

LUZIER, THOMAS B ESQ.
650 N. TAMIAMI TRAIL
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box No. unacceptable) 2440 No. TAMIAMI TR.
83
84 City NOKOMIS FL 85 Zip Code 34275

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 | DP | ☐ DELETE | 11 TITLE | ☑ Change ☐ Addition |
| NAME | ROBENALT, JOHN F | | 12 NAME | |
| STREET ADDRESS | 650 N. TAMIAMI TRAIL | | 13 STREET ADDRESS | 2440 No. TAMIAMI TR |
| CITY-ST-ZIP | OSPREY FL | | 14 CITY-ST-ZIP | NOKOMIS, FL 34275 |
| TITLE | VS | ☐ DELETE | 21 TITLE | ☑ Change ☐ Addition |
| NAME | LUZIER, THOMAS B | | 22 NAME | |
| STREET ADDRESS | 650 TAMIAMI TRAIL | | 23 STREET ADDRESS | 2440 No. TAMIAMI TR. |
| CITY-ST-ZIP | OSPREE FL | | 24 CITY-ST-ZIP | NOKOMIS, FL 34275 |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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 above.

**SIGNATURE:** _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)