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

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074995(8)

1. Corporation Name
Auburndale Health Care Institute, Inc.

Principal Place of Business
602 Melton Ave
Auburndale, FL, 33823

Mailing Address
360 24th St N.W. Ste 473
Winter Haven, FL 33881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4705 Hwy 17 N.
Suite, Apt #, etc.
22
City & State
23 Bowling Green
Zip
24 33834
Country
25 USA

2a. Mailing Address
26 P.O. Box 1363
Suite, Apt #, etc.
27
City & State
28 Bowling Green
Zip
29 33834
Country
30 USA

3. Date Incorporated or Qualified
9/28/1995

4. FEI Number
59-3327989
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Norton, James M.
360 24th St. N.W. Ste 473
Winter Haven, FL., 33881

10. Name and Address of New Registered Agent
81 Name: James M. Norton
82 Street Address (P.O. Box Number is Not Acceptable): 4705 Hwy 17 N.
83
84 Bowling Green FL 85 Zip Code 33834

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: James M. Norton Pres. 4/29/98
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 1.1 TITLE | President ☑ Change ☐ Addition |
| NAME | Norton, James M. Ste 473 | 1.2 NAME | James M. Norton |
| STREET ADDRESS | 360 24th St. N.W. | 1.3 STREET ADDRESS | 4705 Hwy 17 N. |
| CITY-ST-ZIP | Winter Haven, FL, 33881 | 1.4 CITY-ST-ZIP | Bowling Green, FL, 33834 |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Summerlin, Joann | 2.2 NAME | |
| STREET ADDRESS | RT 1 Box | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Zolfo Springs, FL, 33890 | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | 600025757 ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | -06/30/98--01012--022 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (10/97)

14. 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 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 on an attachment with an address.

**SIGNATURE:** James M Norton Pres. 4/29/98 (941) 375-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #