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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000082491 (8)

1. Corporation Name

REGENCY HEALTH CARE CENTER OF SEMINOLE COUNTY, I  
NC.

Principal Place of Business

45 SETON TRAIL  
ORMOND BEACH FL 32176

Mailing Address

45 SETON TRAIL  
ORMOND BEACH FL 32176-6524



2. Principal Place of Business

21 125 EUGENE O'NEILL DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 125 EUGENE O'NEILL DR  
Suite, Apt. #, etc.

2. City & State

23 NEW LONDON CT  
Zip Country

27. City & State

28 NEW LONDON, CT  
Zip Country

24 06320

29 06320

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

04/02/1996

4. FET Number

59-3347673

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D HAYES, RONALD E ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
45 SETON TRAIL  
ORMOND BEACH FL 32176

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GARTHE, J S  
45 SETON TRAIL  
ORMOND BEACH FL 32176

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FERGUSON, DENNIS J  
45 SETON TRAIL  
ORMOND BEACH FL 32176

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
ARTHUR W. STRATTON, JR, MD  
125 EUGENE O'NEILL DR  
NEW LONDON CT 06320

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
GILLIGAN, AISON  
125 EUGENE O'NEILL DR  
NEW LONDON, CT 06320

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
HANSEN, DAVID N  
125 EUGENE O'NEILL DR  
NEW LONDON, CT 06320

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

CR2E034 (9/96)