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Feb 27 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 # P96000092527 (6)

1. Corporation Name
THE LAURELS NURSING CENTER CORPORATION

Principal Place of Business
BAY VIEW, 2ND FLOOR
11300 4TH STREET, NORTH
ST. PETERSBURG FL 33716

Mailing Address
BAY VIEW, 2ND FLOOR
11300 4TH STREET, NORTH
ST. PETERSBURG FL 33716-2940

3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
4. FEI Number 59-3419148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32304	10. Name and Address of New Registered Agent 81 Name James M. Chadwick, Esq./Renfrow & Chadwick 82 Street Address (P.O. Box Number is Not Acceptable) 11300 Fourth Street North 83 Suite 200 84 City St. Petersburg FL 85 Zip Code 33716
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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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* James M. Chadwick January 18, 1997
Signature typed or printed name of registered agent and location of applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CHADWICK, HARRY R	1.1 TITLE	1/ST
NAME	CHADWICK, HARRY R	1.2 NAME	
STREET ADDRESS	BAY VIEW, 2ND FLOOR 11300 4TH ST., N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33716	1.4 CITY - ST - ZIP	
TITLE	D CHADWICK, LAUREL J	2.1 TITLE	IP
NAME	CHADWICK, LAUREL J	2.2 NAME	
STREET ADDRESS	BAY VIEW, 2ND FLOOR 11300 4TH ST., N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33716	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* 1/21/97 (813) 578-1174
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)