

P99000102280

(Requestor's Name)

(Address)

(Address)

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DIVISION OF CERTIFICATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA change

T BROWN DEC 30 2002



Bruce McKillen

Requester's Name

P.O. Box 1798

Address

TALL, FL

City/State/Zip

942-8585

Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Baywood

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAYWOOD NURSING CENTER, Inc.
(Name of corporation)

DOCUMENT NUMBER: P99000102280

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendell Phillips
(Name of person)

Sterling Health Care, Inc.
(Name of firm/company)

16 Narcross St Ste 50-B
(Address)

Roswell GA 30075
(City/state and zip code)

For further information concerning this matter, please call:

Wendell Phillips at (770) 993-4000
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: BAYWOOD NURSING CENTER, INC.
2. The principal office address: 2000 17TH AVE SO.
ST. PETERSBURG, FL 33712
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-23-99 Document number: P9900012280
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Blumberg Excelsior Corporate Services Inc
4435 Old Winter Garden Rd
Orlando, FL 32802
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): R. BRUCE MCKIBBEN, P.A.
1435 E. PIEDMONT DR. SUITE 214
(P.O. Box or personal mailbox NOT acceptable)
TALLAHASSEE, FL 32308

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, of the corporation has been notified in writing of the change.

Robert W. Hagan ROBERT W. HAGAN, President
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

R. Bruce McKibben
(Signature of Registered Agent)

12-5-02
(Date)

If signing on behalf of an entity:

R. BRUCE MCKIBBEN, P.A.
(Typed or Printed Name)

President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314