

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/31

FILED
Mar 26, 2003 8:00 am
Secretary of State

01-31-2003 90112 037 ***150.00

DOCUMENT # P99000102280

1. Entity Name
BAYWOOD NURSING CENTER, INC.



Principal Place of Business
**2000 17TH AVENUE SOUTH
SAINT PETERSBURG FL 33712**

Mailing Address
**16 NORCROSS ST.
STE 50 B
ROSWELL GA 30075**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3611222**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name **R Bruce McKibben, Jr. P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1435 E. Piedmont Dr. Suite 214
City **Tallahassee** FL Zip Code **32308**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

**R. BRUCE MCKIBBEN, JR.
President**

3-25-03

(NOTE: Registered Agent signature required when re-attesting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAGAN, ROBERT W	
STREET ADDRESS	16 NORCROSS STREET, STE. 50B	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, KAREN	
STREET ADDRESS	16 NORCROSS STREET, STE. 50B	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Sweda	
STREET ADDRESS	< Same address	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03
Date

770-993-4000
Daytime Phone #

CR2E034 (10/02)