2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90150 043 ***158.75

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DOCUMENT # P99000108280

1. Entity Name

WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
120 CHIPOLA AVE DELAND FL 32720	120 CHIPOLA AVE DELAND FL 32720

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
124 W. Norvell Bryant Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hernando, FL	City & State
Zip: 34442 Country: USA	Zip Country

4. FEI Number: 59-3613650 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, SIDNEY W 120 CHIPOLA AVE DELAND FL 32720	Name Street Address (P.O. Box Number is Not Acceptable) City ST Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESFORMES, MORRIS 3737 W ARTHUR AVE LINCOLNWOOD IL 60645	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Esformes, Morris 3737 W. Arthur Ave Lincolnwood, IL 60645	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, SIDNEY 120 CHIPOLA AVE DELAND FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Roberts, Sidney 120 Chipola Ave DeLand, FL 32720	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ~~Secretary~~ Aloisio, Andrey 200 Alpine Court Palm Harbor, FL 34683	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

C2E1034 (10/00)

13. 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 11 or Block 12 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VP 4/23/01 904-738-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number