

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 25 AM 8:12

DOCUMENT # S10504 (6)

1. Corporation Name

THE ATRIUM NURSING HOME, INC.

Principal Place of Business

**% JACK C. DEMETREE
3740 BEACH BLVD., SUITE 300
JACKSONVILLE FL 32207**

Mailing Address

**% JACK C. DEMETREE
3740 BEACH BLVD., SUITE 300
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 06/27/1994
4. FEI Number 59-3050853	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	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMETREE, JACK C.
3740 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 his or her applicable

(NOTE: Registered Agent signature required when revocating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	DEMETREE, JACK C.
STREET ADDRESS	3740 BEACH BLVD #300
CITY ST ZIP	JACKSONVILLE FL
TITLE	DVT
NAME	DEMETREE, WILLIAM C.
STREET ADDRESS	3348 EDGEWATER DR
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	SCHRAMM, FRED C.
STREET ADDRESS	3740 BEACH BLVD #300
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	DPT
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DV
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VS
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	DV
4.3 STREET ADDRESS	CHRIS BROGDEN
4.4 CITY ST ZIP	6000 LAKE FORREST DRIVE, SUITE 200
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK C. DEMETREE

7/12/95
Date

804 288 7350
Telephone Number

CR2E034 (3/95)