

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 03/26/1996
		4. FEI Number 59-3050853	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEMETREE, JACK C. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMETREE, JACK C.		1.2 NAME Chris Brogdon	
STREET ADDRESS 3740 BEACH BLVD #300		1.3 STREET ADDRESS 6000 Lake Forrest Dr. #200	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Atlanta GA 30328	
TITLE DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMETREE, WILLIAM C.		2.2 NAME Edward E. Lane	
STREET ADDRESS 3348 EDGEWATER DR		2.3 STREET ADDRESS 6000 Lake Forrest Dr. #200	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Atlanta GA 30328	
TITLE VSS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHRAMM, FRED C.		3.2 NAME Darrell C. Tucker	
STREET ADDRESS 3740 BEACH BLVD #300		3.3 STREET ADDRESS 6000 Lake Forrest Dr. #200	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Atlanta GA 30328	
TITLE DV	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROGDEN, CHRIS		4.2 NAME Philip M. Rees	
STREET ADDRESS 6000 LAKE FOREST DR STE 200		4.3 STREET ADDRESS 6000 Lake Forrest Dr. #200	
CITY-ST-ZIP ATLANTA GA		4.4 CITY-ST-ZIP Atlanta GA 30328	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Jack C. Demetree	
STREET ADDRESS		5.3 STREET ADDRESS 3740 Beach Blvd. #300	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Jacksonville FL 32207	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ 9-10-97 (404) 253-7500

CR2E034 (4/97)