

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S70556** (3)

1. Corporation Name
CENTURY HEALTH CARE INVESTORS, INC.



Principal Place of Business: **650 N. TAMiami TR. OSPREY FL 34229 US**
Mailing Address: **650 N. TAMiami TR. OSPREY FL 34229 US**

3. Date Incorporated or Qualified: **08/01/1991**
3a. Date of Last Report: **04/17/1995**
4. FFI Number: **65-0290457**
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: **2440 No. Tamiami TR.**
2a. Mailing Address: **2440 No. Tamiami TR.**
22. City & State: **NOKOMIS, FL**
23. City & State: **NOKOMIS, FL**
24. Zip: **34275**
25. Country: **SARASOTA**
29. Zip: **34275**
30. Country: **SARASOTA**

9. Name and Address of Current Registered Agent
**ROBENALT, JOHN F.
650 N. TAMiami TRAIL
OSPREY FL 34229**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0012 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 607.0012, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	ROBENALT, JOHN F	
STREET ADDRESS	650 N. TAMiami TR	
CITY, ST, ZIP	OSPREY FL	
TITLE	VS	<input type="checkbox"/> DELETED
NAME	LUZIER, THOMAS B	
STREET ADDRESS	650 N. TAMiami TR	
CITY, ST, ZIP	OSPREY FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	2440 No. Tamiami TR
4. CITY, ST, ZIP	NOKOMIS, FL 34275
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	2440 No. Tamiami TR
8. CITY, ST, ZIP	NOKOMIS, FL 34275
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.073(9)(k), 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; that I am a registered or licensed professional 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, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)