FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

CENTURY HEALTH CARE INVESTORS, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
NOKOMIS FL	2440 NO. TAMIAMI TRAIL NOKOMIS FL 34275				
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/01/1991
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			65-0290457 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		27 City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be
Zip	Country		Coun	trv	Trust Fund Contribution Added to Fees
24	26		10	w y	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
				Name	
650 N. TAMANI TRAIL					0 0 D
2.7.7	PREY FL 84229~		[1	Street A	1 Address (P.D.) Box Number is Not Acceptable) 470 No. TAM) AMI TRAIL
J			ļī	33 A	
			Ļ	/ /	1
				City (OKOMIS FL FL 85 734375
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					
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 au		Registered	Agent signature r	re required when reinstaling) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	- 1	☐ Change ☐ Addition
NAME	ROBENALT, JOHN F		1.2 NAM	·	
STREET ADDRESS	2440 NO. TAMIAMI TRAIL			EET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	T peres		- ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITL		Change Addition
NAME CTRCCT ADDRCCO	LUZIER, THOMAS B		2.2 NAM	-	
STREET ADDRESS	2440 NO. TAMIAMI TRAIL NOKOMIS FL			ET ADDRESS	
CITY-ST-ZIP TITLE	HOLOMIO LE	DELETE		r-ST-ZIP	
NAME		רו הנונונ	3.1 TITL		Change Addition
STREET ADDRESS			3.2 NAM		
CITY-ST-ZIP				ET ADDRESS	
TITLE		DELETE	3.4. CIT	(-ST-ZIP	Change Addition
NAME		□ Milli	4. 2 NAN	1	LI Change LI Adomion
STREET ADDRESS					
CITY-ST-ZIP			i i	ET ADDRESS	
TITLE		DELETE	5.1 TITU	- ST - ZIP	Change Addition
NAME		E Decert	5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZWP			ł	1	
TITLE		DELETE	6.1 TITLE	-ST-ZIP	☐ Change ☐ Addition
NAME			6.2 NAM		Change Muliton
STREET ADDRESS	•	i	1	ET ADDRESS	
CITY-ST-ZIP				- ST-7IP	

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 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 12 or