

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # S70556

1. Entity Name
CENTURY HEALTH CARE INVESTORS, INC.

Principal Place of Business 143 NORTH LANE OSPREY 34229 FL US	Mailing Address PO BOX 550 OSPREY 34229 US FL
---	---

2. Principal Place of Business 887 MACEWEN DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State OSPREY FL	City & State	4. FEI Number 65-0290457	Applied For Not Applicable
Zip 34229	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

ROBENALT, JOHN F.
143 NORTH LANE
OSPREY 34229 FL

7. Name and Address of New Registered Agent

Name
ROBENALT, JOHN F.
 Street Address (P.O. Box Number is Not Acceptable)
887 MACEWEN DRIVE
 City
OSPREY FL Zip Code
34229

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 **04/27/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent 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, 2000 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			
TITLE	VS	<input type="checkbox"/> Delete	
NAME	LUZIER THOMAS B		
STREET ADDRESS	143 NORTH LANE		
CITY-ST-ZIP	OSPREY FL 34229		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	ROBENALT JOHN F		
STREET ADDRESS	143 NORTH LANE		
CITY-ST-ZIP	OSPREY FL 34229		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUZIER THOMAS B		
STREET ADDRESS	887 MACEWEN DRIVE		
CITY-ST-ZIP	OSPREY FL 34229		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBENALT JOHN F		
STREET ADDRESS	887 MACEWEN DRIVE		
CITY-ST-ZIP	OSPREY FL 34229		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ DATE **04/27/2000**