

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90306 020 \*\*\*150.00

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DOCUMENT # **S70556**

1. Entity Name  
**CENTURY HEALTH CARE INVESTORS, INC.**



Principal Place of Business  
**333 SOUTH TAMiami TRAIL  
SUITE 283  
VENICE FL 34285  
US**

Mailing Address  
**PO BOX 550  
OSPREY FL 34229  
US**

11000001



2. Principal Place of Business  
**505 VELASQUEZ DR**

3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**OSPREY, FL**

City & State

4. FEI Number **65-0290457**

Applied For  
Not Applicable

Zip **34229** Country **USA**

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBENALT, JOHN F.  
333 SOUTH TAMiami TRAIL  
SUITE 283  
VENICE FL 34285**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**505 VELASQUEZ DR**  
City **OSPREY** FL Zip **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John F. Robenalt* DATE **4/28/03**

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS**  Delete  
NAME **ROBENALT, JOHN F**  
STREET ADDRESS **333 SOUTH TAMiami TRAIL**  
CITY-ST-ZIP **VENICE FL 34285**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34229**

TITLE  Change  Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons employed.

SIGNATURE: *John F. Robenalt* DATE **4/28/03** DAYTIME PHONE # **444 7755**

CR2E034 (10/02)