

No. <b>C 124917</b>		<b>Due no later than Jul 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  WYNN'S EXTENDED CARE, INC. SUZETTE TITUS 6303 BLUE LAGOON DR STE 225 MIAMI FL 33126 0000		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702 0000			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	R STEVEN BROOKS	6303 BLUE LAGOON DR SUITE 225	MIAMI	FL	USA	33126	
SECRETARY	SCOTT K AMBLER	6303 BLUE LAGOON DR SUITE 225	MIAMI	FL	USA	33126	
PRESIDENT	R STEVEN BROOKS	6303 BLUE LAGOON DR SUITE 225	MIAMI	FL	USA	33126	
5. Organized Under the Laws of:  <b>CALIFORNIA C 124917</b>		6. Annual Report must be signed.*  Signature: SCOTT K AMBLER Name (type or print): SCOTT K AMBLER					
		Date: 07/05/2005 Title: SECRETARY					
Processed 07/05/2005      * Electronically provided signatures are accepted as original signatures.							