

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005373

FILED
Mar 02, 2004
Secretary of State

Entity Name: SALEM NURSING & REHAB CENTER OF HOMESTEAD, INC.

Current Principal Place of Business:

945 BROAD STREET
SUITE 220
AUGUSTA, GA 30901 US

New Principal Place of Business:

Current Mailing Address:

945 BROAD STREET
SUITE 220
AUGUSTA, GA 30901 US

New Mailing Address:

FEI Number: 63-1160642 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: CLARK, HARRY M
Address: 559 FAIRHOPE AVE., STE. 7
City-St-Zip: FAIRHOPE, AL 36532

Title: D () Delete
Name: MCINNIS, J E
Address: 51 ARCADIAN CIRCLE
City-St-Zip: HATTIESBURG, MS 39402

Title: DST () Delete
Name: JOHNSON, ISAAC
Address: 2556 WHEELER ROAD
City-St-Zip: AUGUSTA, GA 30904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change () Addition
Name: COWLEY, ALFRED H
Address: 500 FLOYD ROAD
City-St-Zip: CALHOUN, GA 30701

Title: D (X) Change () Addition
Name: FOLKENBERG, DONALD L
Address: 1136 ASCEND LAND
City-St-Zip: HUDDLESTON, VA

Title: DST (X) Change () Addition
Name: LIGHT, GARY
Address: 1819 HUNTINGTON CHASE
City-St-Zip: ATLANTA, GA 30305

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED H. COWLEY

DPC

03/02/2004

Electronic Signature of Signing Officer or Director

_____ Date