

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004533

FILED
Apr 18, 2007
Secretary of State

Entity Name: SOUTH BEACH NURSING AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

320 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

320 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

1800 N.E. 168TH STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 02-0755960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUBKOFF, WILLIAM
320 COLLINS AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ZUBKOFF, WILLIAM
1800 N.E. 168TH STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162 US

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:

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALBUT, RUSSELL
Address: 320 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: ZUBKOFF, WILLIAM
Address: 320 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD () Delete
Name: KALUS, ELLIOT
Address: 320 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GALBUT, RUSSELL
Address: 1800 N.E. 168TH STREET, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: PD (X) Change () Addition
Name: ZUBKOFF, WILLIAM
Address: 1800 N.E. 168TH STREET, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: STD (X) Change () Addition
Name: KALUS, ELLIOT
Address: 1800 N.E. 168TH STREET, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM ZUBKOFF

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date