

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 11, 2008  
Secretary of State**

DOCUMENT# N07000006510

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

**Current Principal Place of Business:**

1330 NW 1ST AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

1330 NW 1ST AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 63-1160642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PROFESSIONAL CARE I, INC.  
11355 SW 84 STREET  
MIAMI, FL FL US

**Name and Address of New Registered Agent:**

PROFESSIONAL CARE I, INC.  
10850 SW 113 PLACE  
MIAMI, FL 33176 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:

08/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: FLOKBERG, DONALD L  
Address: 500 FLOYD ROAD  
City-St-Zip: CALHOUN, GA 30701

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALFRED COWLEY

DPC

08/11/2008

Electronic Signature of Signing Officer or Director

Date