

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006510

FILED
Aug 11, 2008
Secretary of State

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