

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006510

**FILED**  
**Jul 20, 2010**  
**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 ( )**

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

PROFESSIONAL CARE I, INC.  
10850 SW 113 PLACE  
MIAMI, FL 33176 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  
**Name:** COWLEY, ALFRED H  
**Address:** 500 FLOYD ROAD  
**City-St-Zip:** CALHOUN, GA 30701

**Title:** D  
**Name:** FLOKENBERG, DONALD L  
**Address:** 500 FLOYD ROAD  
**City-St-Zip:** CALHOUN, GA 30701

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

I hereby 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 all other like empowered.

**SIGNATURE:** ALFRED COWLEY

DPC

07/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date