2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
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 ( )**

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 04/21/2011

Electronic Signature of Signing Officer or Director — Date