2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028809

Entity Name: EDGEWOOD NURSING CENTER, INC.

16 NORCROSS STREET #50-B

ROSWELL, GA 30075

Address:

City-St-Zip:

FILED Feb 07, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	EWOOD AVE IVILLE, FL 322				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
16 NORCF SUITE 50- ROSWELL					
FEI Number	: 02-0564394	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1435 EAST SUITE 214	EMCKIBBEN, TPIEDMONT I \$ SSEE, FL 323	OR			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HAGAN, ROBE	S STREET #50-B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CFO (Title:	() Change() Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA SWEDA CONT 02/07/2005