

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000011429

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Entity Name:** NURSING HOME & HOSPITAL CONSULTANT CORPORATION

**Current Principal Place of Business:**

1031 NW 6 ST B-3  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

1913 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1031 NW 6 ST B-3  
GAINESVILLE, FL 32601

**New Mailing Address:**

1913 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**FEI Number:** 65-1167535      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ANDERSON, S. D  
1031 NW 6 ST B-3  
GAINESVILLE, FL 32601      US

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

ANDERSON, S. D  
1913 NORTH PEARL STREET  
JACKSONVILLE, FL 32206      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: S. D. ANDERSEN

04/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVTS ( ) Delete  
Name: ANDERSON, S.D.  
Address: 1031 NW 6 ST B-3  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: CEO (X) Change ( ) Addition  
Name: ANDERSON, S D  
Address: 1913 NORTH PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. D. ANDERSEN

CEO

04/07/2006

Electronic Signature of Signing Officer or Director

Date