

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000011429

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1913 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1913 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 65-1167535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSEN, S.  
1913 NORTH PEARL STREET  
JACKSONVILLE, FL 32206 US

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

ANDERSEN, S.  
1915 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. L. ANDERSEN

09/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ANDERSEN, S  
Address: 1915 NORTH PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: S. L. ANDERSEN

CEO

09/30/2011

Electronic Signature of Signing Officer or Director

Date