2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000088466

Entity Name: SANDALWOOD NURSING CENTER, INC.

FILED Nov 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

255 MINORCA BEACH WAY 1001 SOUTH BEACH STREET DAYTONA BEACH, FL 32114 US 301

NEW SMYRNA BEACH, FL 32169 US

New Mailing Address: Current Mailing Address:

255 MINORCA BEACH WAY 1001 SOUTH BEACH STREET DAYTONA BEACH, FL 32114 US

NEW SMYRNA BEACH, FL 32169 US

FEI Number: 51-0547178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAGAN, ROBERT W GILROY, JOHN F III 1435 PIÉDMONT DR 255 MINORCA BEACH WAY SUITE 102

NEW SMYRNA BEACH, FL 32169 US TALLAHASSEE, FL 32308 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: JOHN F GILROY, III 11/03/2006

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HAGAN, ROBERT W Name: Name: HAGAN, ROBERT W

255 MINORCA BEACH WAY, #301 16 NORCROSS STREET, SUITE 50 B Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: ROSWELL, GA 30075 US

Title: Title: () Delete (X) Change () Addition

Name: FLORY, MARY L Name: FLORY, MARY L

255 MINORCA BEACH WAY, #301 16 NORCROSS STREET, SUITE 50 B Address: Address:

NEW SMYRNA BEACH, FL 32169 US City-St-Zip: City-St-Zip: ROSWELL, GA 30075

Title: Title: (X) Change () Addition SECT () Delete CFO VAUGHAN, DANIEL SWEDA, DONNA Name: Name:

255 MINORCA BEACH WAY, #301 16 NORCROSS STREET, SUITE 50 B Address Address:

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: ROSWELL, GA 30075

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: ROBERT W HAGAN CEO 11/03/2006