2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088466

FILED Apr 29, 2009 Secretary of State

Entity Nai	me: SANDAL	WOOD NURSING CENTER	, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH BEACH S' A BEACH, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 100	ROSS STREE) _, GA 30075	T US			
FEI Number:	: 51-0547178	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GILROY, JOHN F III 1435 PIEDMONT DR SUITE 102 TALLAHASSEE, FL 32308 US			SUITE 2	1695 MÉTROPOLITAN CIRCLE	
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/29/2009	
	Electro	nic Signature of Registered A	Agent	Date	
Election Car	mpaign Financir	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, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FLORY, MARY	S STREET, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 04/29/2009 CEO