

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088466

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** SANDALWOOD NURSING CENTER, INC.

**Current Principal Place of Business:**

1001 SOUTH BEACH STREET  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

16 NORCROSS STREET  
SUITE 100  
ROSWELL, GA 30075 US

**New Mailing Address:**

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

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

GILROY, JOHN F III  
1695 METROPOLITAN CIRCLE  
SUITE 2  
TALLAHASSEE, FL 32308 US

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

GILROY, JOHN, F., III, PA  
1695 METROPOLITAN CIRCLE  
SUITE 2  
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, PA

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HAGAN, ROBERT W  
Address: 16 NORCROSS STREET, SUITE 100  
City-St-Zip: ROSWELL, GA 30075 US

Title: SEC  
Name: FLORY, MARY L  
Address: 16 NORCROSS STREET, SUITE 100  
City-St-Zip: ROSWELL, GA 30075

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: JOHN F. GILROY, III, PA

MR.

03/31/2011

Electronic Signature of Signing Officer or Director

Date