

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000100898

FILED
Nov 03, 2006
Secretary of State

Entity Name: CRESTWOOD NURSING CENTER, INC.

Current Principal Place of Business:

255 MINORCA BEACH WAY
#301
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

501 SOUTH PALM AVE.
PALATKA, FL 32177 US

Current Mailing Address:

255 MINORCA BEACH WAY
#301
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

501 SOUTH PALM AVE.
PALATKA, FL 32177 US

FEI Number: 65-1133357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGAN, ROBERT W
255 MINORCA BEACH WAY
#301
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

GILROY, JOHN F III
1435 EAST PIEDMONT AVE.
SUITE 102
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:

Title: PRES () Delete
Name: HAGAN, ROBERT W
Address: 255 MINORCA BEACH WAY, #301
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: TREA () Delete
Name: VAUGHAN, DANIEL
Address: 255 MINORCA BEACH WAY, #301
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: SECT () Delete
Name: FLORY, MARY L
Address: 255 MINORCA BEACH WAY, #301
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HAGAN, ROBERT W
Address: 16 NORCROSS STREET, SUITE 50 B
City-St-Zip: ROSWELL, GA 30075 US

Title: CFO (X) Change () Addition
Name: SWEDA, DONNA
Address: 16 NORCROSS STREET, SUITE 50 B
City-St-Zip: ROSWELL, GA 30075 US

Title: SEC (X) Change () Addition
Name: FLORY, MARY L
Address: 16 NORCROSS STREET, SUITE 50 B
City-St-Zip: ROSWELL, GA 30075 US

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

Electronic Signature of Signing Officer or Director

Date