2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27390

Entity Name: BAY TREE NURSING CENTER CORP.

FILED May 04, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

ONE BEACON STREET

SUITE 1100

BOSTON, MA 02108

New Mailing Address:

ONE BEACON STREET **SUITE 1100**

Current Mailing Address:

BOSTON, MA 02108

101 SUN AVE NE

101 SUN AVE NE

ALBUQUERQUE, NM 87109

ALBUQUERQUE, NM 87109

FEI Number: 04-3071703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

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:

(X) Change () Addition

Date

Title: () Delete Title:

DELL'ANNO, DAMIAN Name:

ONE BEACON STREET, SUITE 1100 Address:

City-St-Zip: BOSTON, MA 02108

Title: () Delete

Name: STEPHAN, WILLIAM

ONE BEACON STREET, SUITE 1100 Address:

BOSTON, MA 02108 City-St-Zip:

Title: () Delete

CRAIG, WAYNE Name:

ONE BEACON STREET, SUITE 1100 Address:

City-St-Zip: BOSTON, MA 02108

Title: () Delete DUDLEY, NATE Name:

Address: ONE BEACON STREET, SUITE 1100

City-St-Zip: BOSTON, MA 02108

Title: () Delete

Name: STEPHAN, WILLIAM

ONE BEACON STREET, SUITE 1100 Address:

City-St-Zip: BOSTON, MA 02108

Title: () Delete

Name: Address: City-St-Zip:

MATHIES, WILLIAM A Name: 101 SUN AVE. NE Address:

City-St-Zip: ALBUQUERQUE, NM 87109

Title: CFOD (X) Change () Addition

Name: ROLES, JERRY Address: 101 SUN AVE. NE

ALBUQUERQUE, NM 87109 City-St-Zip:

Title: (X) Change () Addition VΡ

NEWMAN, MICHAEL Name: 101 SUN AVE NE Address:

City-St-Zip: ALBUQUERQUE, NM 87109

Title: (X) Change () Addition

MEYERS, PAMELA Name: Address: 101 SUN AVE. NE

City-St-Zip: ALBUQUERQUE, NM 87109

Title: (X) Change () Addition

BERG, MICHAEL T Name: Address: 101 SUN AVE. NE

ALBUQUERQUE, NM 87109 City-St-Zip:

Title: () Change (X) Addition PRIEGNITZ, KELLY Name:

101 SUN AVE. NE City-St-Zip: ALBUQUERQUE, NM 87109

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.

Address:

SIGNATURE: MICHAEL T. BERG S 05/04/2007