

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27392

FILED
May 04, 2007
Secretary of State

Entity Name: OAKHURST MANOR NURSING CENTER CORP.

Current Principal Place of Business:

ONE BEACON STREET
SUITE 1100
BOSTON, MA 02108

New Principal Place of Business:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

Current Mailing Address:

ONE BEACON STREET
SUITE 1100
BOSTON, MA 02108

New Mailing Address:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

FEI Number: 04-3072232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: PD () Delete
Name: DELL'ANNO, DAMIAN
Address: ONE BEACON STREET, SUITE 1100
City-St-Zip: BOSTON, MA 02108

Title: T () Delete
Name: STEPHAN, WILLIAM
Address: ONE BEACON STREET, SUITE 1100
City-St-Zip: BOSTON, MA 02108

Title: AT () Delete
Name: CRAIG, WAYNE
Address: ONE BEACON STREET, SUITE 1100
City-St-Zip: BOSTON, MA 02108

Title: S () Delete
Name: DUDLEY, NATE
Address: ONE BEACON STREET, SUITE 1100
City-St-Zip: BOSTON, MA 02108

Title: AS () Delete
Name: STEPHAN, WILLIAM
Address: ONE BEACON STREET, SUITE 1100
City-St-Zip: BOSTON, MA 02108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATHIES, WILLIAM A
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: CFOD (X) Change () Addition
Name: ROLES, JERRY
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: VP (X) Change () Addition
Name: NEWMAN, MICHAEL
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: AT (X) Change () Addition
Name: MEYER, PAMELA
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: S (X) Change () Addition
Name: BERG, MICHAEL
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: AS () Change (X) Addition
Name: PRIEGNITZ, KELLY
Address: 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.

SIGNATURE: MICHAEL T. BERG

S

05/04/2007

Electronic Signature of Signing Officer or Director

Date