

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P94000091489

1. Entity Name
THE FOUNTAINS NURSING HOME, INC.



Principal Place of Business
3800 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431

Mailing Address
3800 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11/17/05 61030 008 A758175
04052006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0619523

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name
Brian V. McAvoy, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Harter, Secrest & Emery LLP

5551 Ridgewood Drive, Suite 405

City
Naples FL Zip Code
34108

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/06

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HURLBUT, ROBERT H
STREET ADDRESS 200 SHELDON RD.
CITY-ST-ZIP HONEOYE FALLS, NY 14472

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

585-244-0410
Daytime Phone #