2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# S52301

Entity Name: ROSE HEALTHCARE CENTER, INC.

Current Principal Place of Business:

6638 OLD WINTER GARDEN RD
ORLANDO, FL 32835

New Principal Place of Business:

6638 OLD WINTER GARDEN RD
ORLANDO, FL 32835 US

Current Mailing Address:

6638 OLD WINTER GARDEN RD
ORLANDO, FL 32835

New Mailing Address:

6638 OLD WINTER GARDEN RD
ORLANDO, FL 32835 US

FEI Number: 59-3072064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUHAR, MIMI H
6638 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 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: DR. MIMI H. SUHAR
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: DP ( ) Delete
Name: ROSE, BARRY L,
Address: 6638 OLD WINTER GARDEN
City-St-Zip: ORLANDO, FL

Title: ST ( ) Delete
Name: SUHAR, MIMI H
Address: 6638 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: ROSE, BARRY L
Address: 6638 OLD WINTER GARDEN
City-St-Zip: ORLANDO, FL 32835 US

Title: DR. (X) Change ( ) Addition
Name: SUHAR, MIMI H
Address: 6638 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835 US

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: BARRY L. ROSE DR. 02/05/2009
Electronic Signature of Signing Officer or Director Date