

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S52301

**FILED**  
**Jun 22, 2011**  
**Secretary of State**

**Entity Name:** ROSE HEALTHCARE CENTER, INC.

**Current Principal Place of Business:**

6638 OLD WINTER GARDEN RD  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

6638 OLD WINTER GARDEN RD  
ORLANDO, FL 32835 US

**New Mailing Address:**

**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: MIMI H. SUHAR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARRY L. ROSE

DR.

06/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date