

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03234

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: PALMS CONVALESCENT CARE, INC.

## Current Principal Place of Business:

999 WASHINGTON AVE  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

999 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

## Current Mailing Address:

999 WASHINGTON AVE  
MIAMI BEACH, FL 33139

## New Mailing Address:

999 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

FEI Number: 65-0310455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A  
999 WASHINGTON AVE  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

GALBUT, ABRAHAM A  
999 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139 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: ABRAHAM A GALBUT

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: GALBUT, ABRAHAM A  
Address: 999 WASHINGTON AVE  
City-St-Zip: MIAMI, FL 33139

Title: VPD ( ) Delete  
Name: GALBUT, RUSSELL W  
Address: 555 NE 15TH STREET  
City-St-Zip: MIAMI, FL 33132

Title: TD ( ) Delete  
Name: MENIN, BRUCE A  
Address: 555 NE 15TH STREET  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: GALBUT, ABRAHAM A  
Address: 999 WASHINGTON AVENUE  
City-St-Zip: MIAMI, FL 33139

Title: VPD (X) Change ( ) Addition  
Name: GALBUT, RUSSELL W  
Address: 999 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD (X) Change ( ) Addition  
Name: MENIN, BRUCE A  
Address: 999 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ABRAHAM A GALBUT

PS

01/21/2005

Electronic Signature of Signing Officer or Director

Date