

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03234

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PALMS CONVALESCENT CARE, INC.

## Current Principal Place of Business:

999 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137

## Current Mailing Address:

999 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

## New Mailing Address:

4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137

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 AVENUE  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137 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:

04/27/2006

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 AVENUE  
City-St-Zip: MIAMI, FL 33139

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: GALBUT, ABRAHAM A  
Address: 4770 BISCAYNE BLVD.,400  
City-St-Zip: MIAMI, FL 33137

Title: VPD (X) Change ( ) Addition  
Name: GALBUT, RUSSELL W  
Address: 4770 BISCAYNE BLVD.,400  
City-St-Zip: MIAMI, FL 33137

Title: TD (X) Change ( ) Addition  
Name: MENIN, BRUCE A  
Address: 4770 BISCAYNE BLVD.,400  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: ABRAHAM A GALBUT

PS

04/27/2006

Electronic Signature of Signing Officer or Director

Date