2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

DOCUMENT# V03234

Entity Name: PALMS CONVALESCENT CARE, INC.

Current Principal Place of Business:

4770 BISCAYNE BLVD.
1400
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4770 BISCAYNE BLVD.
1400
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0310455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A
4770 BISCAYNE BLVD.
1400
MIAMI, FL 33137 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PS
Name: GALBUT, ABRAHAM A
Address: 4770 BISCAYNE BLVD.,STE 1400
City-St-Zip: MIAMI, FL 33137

Title: VPD
Name: GALBUT, RUSSELL W
Address: 2200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: TD
Name: MENIN, BRUCE A
Address: 2200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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: ABRAHAM A GALBUT PRES 04/28/2012

Electronic Signature of Signing Officer or Director — Date