emailed validation letter 2/1/12 CK# 922056

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 1.6.12
Amount $1560.-

I.IDENTIFICATION

Name: Princeton Health & Rehab Center, Inc.

Address: 1333 W. Main

City/County/Zip: Princeton, KY 42445

Telephone number: (270) 365-3541

Administrator: Kelly Falder email: administrator@princetonhealthandrehab.com

Date facility operation began at current address: 01/01/1992

Date facility began operation under current owner: 01/01/2007

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	104	
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State		Profit		Individual	
County		Nonprofit	X	Partnership	
City				Corporation	X
Private	X				

II.OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Princeton Health & Rehab Center, Inc.

1333 W. Main

Princeton, KY 42445

RECEIVED
JAN 06 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

1/31

If facility owned or leased by a corporation, complete the following:

Name of corporation Princeton Health & Rehab Center, Inc.

Address of corporation 1333 W. Main, Princeton, KY 42445

President or Chairman (see attached)

Vice President (see attached)

Secretary (see attached)

Treasurer (see attached)

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
Sunbelt Health Care Centers, Inc.	
602 Courtland Street, Suite 200	
Orlando, FL 32804	

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

David Rodman	Asst.Secretary	1-5-12
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

PRINCETON HEALTH & REHAB CENTER, INC.

Year: 2012

Officers & Board Members

******BOARD MEMBERS*******

1. **Robert R. Henderschedt**, Chairman
   Oct 2006 - Present

2. **Michelle Givens**, President
   Oct 2006 - Present

3. **Paul C. Rathbun**
   Oct 2006 - Present

4. **Roger Anderson**
   Jan 2008 - Present

5. **George Tom Evans**
   Jan 2008 - Present

6. **Raymond Andrew McDonald**
   Jan 2008 – Present

******OFFICERS *******

1. **Michelle Givens, President**
   Oct 2006 -Present

2. **Ariel De Prada**, Asst. Secretary
   Oct 2006 - Present

3. **Kent Johnson**, Asst. Secretary
   Jan 2011 - Present

4. **David L. Rodman**, Asst. Secretary
   Oct 2006 – Present

5. **Robert E. McMullen**, Asst. Secretary
   Oct 2006 –Present

6. **Louis Mark Block**, Asst. Secretary
   Oct 2006 - Present

7. **Michael Saunders**, Asst. Secretary
   Oct 2006 – Present

8. **Terry D. Shaw**, Asst. Secretary
   Oct 2006 - Present

9. **Lynn C. Addiscott**, Asst. Secretary
   Oct 2006 -Present

10. **David Singleton**, Asst. Secretary
    June 2010 -Present