FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068170 (6)**

1. Corporation Name

SIERRA LIVE-IN SERVICES, INC.

Principal Place of Business	Mailing Address
2840 WESE BAY DRIVE #215 BELLAIR BLUFFS FL 34640	2840 WESE BAY DRIVE #215 BELLAIR BLUFFS FL 34640

3. Date Incorporated or Qualified: **08/31/1995**

3a. Date of Last Report: **n/A**

4. FEI Number: **59- 3340196** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SNOW, ELIZABETH M
8302 PARKWOOD BLVD
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Subject to the provisions of Section 607.0505, Florida Statutes, the undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elizabeth M Snow — 4-8-96
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Gildersleeve President 1680 Arabian Lane Palm Harbor, FL 34685	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer Elizabeth M. Snow 8302 PARKWOOD BLVD LARGO, FL 34647	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my 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 business agent appointed hereunder; and that this report will be filed with the Department within the time period prescribed by Chapter 607, Florida Statutes. I am aware that false information submitted in a document to the Department of State for purposes of obtaining a state benefit may result in the imposition of criminal penalties as described by Section 817.155, Florida Statutes.

SIGNATURE: Elizabeth M Snow — ELIZABETH SNOW — 4-8-96 — 399-8264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #