


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000026708 1. Entity Name ASSISTED LIVING CARE, INCORPORATED	
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Principal Place of Business 620 FAYETTE DRIVE NORTH SAFETY HARBOR, FL 34695-4304	Mailing Address 620 FAYETTE DRIVE NORTH SAFETY HARBOR, FL 34695-4304
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUBELL, DAVID
620 FAYETTE DRIVE NORTH
SAFETY HARBOR, FL 34695-4304**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUBELL, DAVID 620 FAYETTE DRIVE NORTH SAFETY HARBOR, FL 346954304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LUBELL, RUTH 620 FAYETTE DRIVE NORTH SAFETY HARBOR, FL 346954304
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**DO NOT WRITE
IN THIS SPACE**

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05/04/05-80072-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Lubell* **DAVID LUBELL** **4-26-2005** **727 725 3748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #