

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000374

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: FAIRFAX SENIOR LIVING COMPANY

**Current Principal Place of Business:**

10387 MAIN STREET  
SUITE 200  
FAIRFAX, VA 22030

**New Principal Place of Business:**

3989 CHAIN BRIDGE ROAD  
FAIRFAX, VA 22030

**Current Mailing Address:**

10387 MAIN STREET  
SUITE 200  
FAIRFAX, VA 22030

**New Mailing Address:**

3989 CHAIN BRIDGE ROAD  
FAIRFAX, VA 22030

FEI Number: 54-1959103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROSS, BRIAN M ESQ.  
5010 W. CARMEN STREET  
SUITE 2602  
TAMPA, FL 33609 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: PD  
Name: HOSTLER, ROBERT P  
Address: 3989 CHAIN BRIDGE ROAD  
City-St-Zip: FAIRFAX, VA 22030

Title: D  
Name: LEE, THOMAS K  
Address: 3989 CHAIN BRIDGE ROAD  
City-St-Zip: FAIRFAX, VA 22030

Title: D  
Name: CWIEK, WILLIAM W  
Address: 3989 CHAIN BRIDGE ROAD  
City-St-Zip: FAIRFAX, VA 22030

Title: S  
Name: PURDUM, JIM S  
Address: 3989 CHAIN BRIDGE ROAD  
City-St-Zip: FAIRFAX, VA 22030

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: JIM S. PURDUM

S

04/24/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date