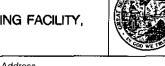
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

J33017 **DOCUMENT #**

1. Entity Name

ALBANY AVENUE ADULT CONGREGATE LIVING FACILITY



Apr 17, 2003 8:00 am Secretary of State
04-17-2003 90152 012 ***158.75

NC.										
Principal Place of Business 211 N ALBANY AVE TAMPA FL 33606		Mailing Address 211 N ALBANY AVE TAMPA FL 33606								
2. Principal Place of Business		3. Mailing A	3. Mailing Address				EEF EIGH EIUN			
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & Sta	ate		4.	4. FEI Number 59-2537243			Applied For Not Applicable	
Zip	Gountry	Zip	C	Country	5.	Certificate of Status Desired		8.75 Add		1
	6. Name and Address of Curren	t Registered Ag	ent L		7.	Name and Address of New Reg	<u> </u>	<u>.</u>		┝
				Name						1
	la, peter d Orth 'b' st			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL			•					,		1
				City			FL	Zip Cod	e	1
	named entity submits this statement ions of registered agent.	or the purpose o	f changing its regi	stered office or reg	istered aç	gent, or both, in the State of Florid	da. I am fa	miliar with,	and accept	1
A .										{
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable.	(NOTE: Reg	istered Agent signature rec	guired when r	einstating)	DATE	<u> </u>		İ
·	ILE NOW!!! FEE IS \$150.00						-	-		1
Afte	r May 1, 2003 Fee will be \$550.00 Repartment		·			 Election Campaign Final Trust Fund Contribution. 	ncing 🗆		May Be to Fees	
10.	, OFFICERS ANI	D DIRECTORS		11.	, A[DDITIONS/CHANGES TO OFFIC	ERS'AND I	DIRECTOR	S'IN 11"	1
	PSD	· [☐ Delete	TITLE				☐ Change	☐ Addition	
	Manescala, Peter D 1920 w North 'B' St			NAME						13
	TAMPA FL 33606			STREET ADDRESS CITY-ST-ZIP		* ** ** **				8
	vr .		☐ Delete	TITLE				Change	Addition	18
	MANESCALA, JACKIE L			NAME					-	۱
	1920 W NORTH 'B' ST			STREET ADDRESS						Ì
CITY-ST-ZIP	TAMPA FL 33606			CITY-ST-ZIP			-			
TITLE	-		□ Delete	TITLE				Change	☐ Addition	
NAME Street address				NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			Delete	TITLE		,,_	-	Change	Addition	1
NAME				NAME				-		ì
STREET ADDRESS			ľ	STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						-
TITLE			Delete	TITLE NAME				Change	Addition	
NAME STREET ADDRESS				STREET ADDRESS						{
CITY-ST-ZIP	,			CiTY-ST-ZIP						
TITLE	·		☐ Delete	TITLE				Change	Addition	
NAME		•		NAME			•		:=	
STREET ADORESS				STREET ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP				,		ļ

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.

SIGNATURE:

Daytime Phone #