

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008840

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC8342281756**

**Entity Name:** FLORIDA ASSISTED LIVING AFFILIATION, INC.

**Current Principal Place of Business:**

2447 MILLCREEK COURT  
SUITE 3  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2447 MILLCREEK COURT  
SUITE 3  
TALLAHASSEE, FL 32308

**FEI Number:** 01-0549750

**Certificate of Status Desired:** No

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

LANGE, PATRICIA  
2447 MILLCREEK COURT  
SUITE 3  
TALLAHASSEE, FL 32308 US

*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

**Officer/Director Detail :**

Title	P	Title	T
Name	COLLAZO, LUIS	Name	KLINOWSKI, DOUGLAS
Address	1045 PALM AVENUE	Address	5905 PINE HILL ROAD
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	PORT RICHEY FL 34668
Title	VP	Title	S
Name	DAMIANI, DONNA	Name	AMIN, LINDA
Address	725 EDGEWATER DRIVE	Address	7333 SCOTLAND WAY
City-State-Zip:	DUNEDIN FL 34698	City-State-Zip:	SARASOTA FL 34238
Title	ED		
Name	LANGE, PATRICIA		
Address	2447 MILLCREEK COURT, SUITE 3		
City-State-Zip:	TALLAHASSEE FL 32308		

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA LANGE

**EXECUTIVE DIRECTOR**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date