

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008840

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
Name COLLAZO, LUIS
Address 1045 PALM AVENUE
City-State-Zip: HIALEAH FL 33010

Title T
Name KLINOWSKI, DOUGLAS
Address 5905 PINE HILL ROAD
City-State-Zip: PORT RICHEY FL 34668

Title VP
Name DAMIANI, DONNA
Address 725 EDGEWATER DRIVE
City-State-Zip: DUNEDIN FL 34698

Title S
Name AMIN, LINDA
Address 7333 SCOTLAND WAY
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