2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
CC6824615389

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Entity Name: KOZY KOVE ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

490 NW 45TH TERRACE
PLANTATION, FL 33317

Current Mailing Address:

490 NW 45TH TERRACE
PLANTATION, FL 33317

FEI Number: 33-1080910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMSEY, HARPER
490 NW 45TH TERRACE
PLANTATION, FL 33317 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	PSD
Name	RAMSEY, HARPER
Address	490 NW 45TH TERRACE
City-State-Zip:	PLANTATION FL 33317

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: HARPER RAMSEY 04/27/2015

Electronic Signature of Signing Officer/Director Detail — Date