

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000039484

**FILED  
Mar 01, 2016  
Secretary of State  
CC3967887006**

**Entity Name:** ALL DUNN ASSISTANT LIVING, INC.

**Current Principal Place of Business:**

5726 LINCOLN STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

6971 SW 27TH STREET  
MIRAMAR, FL 33023

**FEI Number:** 20-4533145

**Certificate of Status Desired:** No

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

DUNN, DAVE  
6971 SW 27TH STREET  
MIRAMAR, FL 33023 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 DUNN, VENESS  
Address 5726-28 LINCOLN STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title VP  
Name DUNN, DAVE A  
Address 6971 SW 27TH STREET  
City-State-Zip: MIRAMAR FL 33023

Title TR  
Name KELLIER-DUNN, FAITH B  
Address 1131 NW 130TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title OFFICER  
Name DUNN, OMARION A MR.  
Address 6971 SW 27TH STREET  
City-State-Zip: MIRAMAR FL 33023

Title OFFICER  
Name DUNN, CHRISTIAN H MR.  
Address 6971 SW 27TH STREET  
City-State-Zip: MIRAMAR FL 33023

Title CHAIRMAN  
Name KELLIER, CAMERON NEVILLE SR.  
Address 6971 SW 27TH STREET  
City-State-Zip: MIRAMAR FL 33023

*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:** DAVE DUNN

VP

03/01/2016

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

\_\_\_\_\_  
Date