

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000008728

**Entity Name:** FLORIDA ASSISTED LIVING MANAGEMENT PROVIDER, INC.

**Current Principal Place of Business:**

4901 NW 17TH WAY, SUITE 303  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

4901 NW 17TH WAY, SUITE 303  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 30-0779708

**Certificate of Status Desired:** No

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

ITSKOVICH, DAVID  
1905 NW CORPORATE BLVD  
SUITE 310  
BOCA RATON, FL 33431 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:** DAVID ITSKOVICH

04/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KANETI, RICKI  
Address 4901 NW 17TH WAY, SUITE 303  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** RICKI KANETI

P

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date