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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

05/01/2020

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P1200008728

Entity Name: FLORIDA ASSISTED LIVING MANAGEMENT PROVIDER, INC.

Current Principal Place of Business:

100 NE 3RD AVENUE - 620 FT. LAUDERDALE, FL 33301

Current Mailing Address:

7750 OKEECHOBEE BLVD SUITE #4-886 WEST PALM BEACH, FL 33411 US

FEI Number: 30-0779708

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

Electronic Signature of Registered Agent

Officer/Director Detail :

TitlePNameKANETI, RICKIAddress100 NE 3RD AVENUE - 620City-State-Zip:FT. LAUDERDALE FL 33301

Secretary of State 5732396726CC

FILED May 01, 2020

Certificate of Status Desired: No

05/01/2020

Date

Date