

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000030836

Entity Name: HOMESIDE ASSISTED LIVING INC

Current Principal Place of Business:

5191 SOUTH WEST 109TH AVE
DAVIE, FL 33328

Current Mailing Address:

5191 SOUTH WEST 109TH AVE
DAVIE, FL 33328 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBERT, LINDSEY
5191 SOUTH WEST 109TH AVE
DAVIE, FL 33328 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 ALBERT, LINDSEY
Address 5191 SOUTH WEST 109TH AVE
City-State-Zip: DAVIE FL 33328

Title VP
Name CLARK, CHANELLE
Address 5191 SOUTH WEST 109TH AVE
City-State-Zip: DAVIE FL 33328

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: LINDSEY ALBERT

P

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date