

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000013998

**Entity Name:** BAYAMO ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

1199 SW BAYAMO AVE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1199 SW BAYAMO AVE  
PORT ST LUCIE, FL 34953 US

**FEI Number: 75-3226279**

**Certificate of Status Desired: No**

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

CAMPBELL, LORNA  
1199 SW BAYAMO AVE  
PORT ST LUCIE, FL 34953 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            PTSD  
Name            CAMPBELL, LORNA  
Address        1199 SW BAYAMO AVE  
City-State-Zip: PORT ST LUCIE FL 34953

*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: LORNA CAMPBELL**

**PRES**

**04/26/2022**

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

\_\_\_\_\_  
Date