

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707138

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** BAY OAKS HOME FOR THE AGED, INC.

**Current Principal Place of Business:**

435 N.E. 34TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

435 N.E. 34TH STREET  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 59-0689698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIO, MAZELLE  
435 N.E. 34TH STREET  
MIAMI, FL 33137 US

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

KASSNER, KATHRYN  
435 N.E. 34TH STREET  
MIAMI, FL 33137 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: KATHRYN REID KASSNER

01/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLORIO, MAZELLE  
Address: 435 N.E. 34TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: VD ( ) Delete  
Name: KASSNER, KATHRYN,  
Address: 435 N.E. 34TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: STD ( ) Delete  
Name: GIVENS, CARMEN  
Address: 435 N.E. 34TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KASSNER, KATHRYN  
Address: 435 N.E. 34TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: VD (X) Change ( ) Addition  
Name: SISKIND, JUDITH  
Address: 435 N.E. 34TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: DOUGHERTY, PATRICIA  
Address: 435 NE 34TH STREET  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN REID KASSNER

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date