2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002507

FILED Jul 09, 2008 Secretary of State

Entity Name: ATREUS COMMUNITIES OF SOUTH FLORIDA, INC.

urrent F	Principal Place	of Business:	New Principal Place	of Business:
	ESTNUT DRIVE A, GA 30340			
urrent N	Mailing Addres	ss:	New Mailing Addres	s:
O BOX 4 TLANTA	420367 A, GA 30342			
El Number	r: 51-0429303	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	MASVILLE RD			
he above	0 ASSEE, FL 323		purpose of changing its registere	ed office or registered agent, or both,
ALLAHA he above	0 ISSEE, FL 323 e named entity : te of Florida. IRE:	submits this statement for the		
ALLAHA he above i the Stat IGNATU	0 ISSEE, FL 323 e named entity te of Florida. JRE: Electror	submits this statement for the	ent	ed office or registered agent, or both, Date
ALLAHA he above the Stat IGNATU accordar	0 ASSEE, FL 323: e named entity: te of Florida. JRE: Electror nce with s. 607.19	submits this statement for the	ent	
ALLAHA he above the Stat IGNATU accordar lection Ca	0 ASSEE, FL 323: e named entity: te of Florida. JRE: Electror nce with s. 607.19	submits this statement for the late of Registered Ag 3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ent ot receive the prior notice.	
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ALLAHA ne above the Stat GNATU accordar ection Ca FFICER tle: ame: ldress:	0 SSEE, FL 323 e named entity ste of Florida. JRE: Electror noce with s. 607.19 ampaign Financing S AND DIREC CFO WALKER, SHA PO BOX 42036 ATLANTA, GA CEOD BEEN, JONATH PO BOX 42036	submits this statement for the site Signature of Registered Ag 3(2)(b), F.S., the corporation did ng Trust Fund Contribution (). TORS: Delete RON 7 30342 Delete IAN 7	ent ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WALKER CFO 07/09/2008