

DOCUMENT # F37395

1. Entity Name

RAGGEDY ACRES RETIREMENT LIVING, INC.

FILED


May 03, 2001 8:00 am
Secretary of State

05-03-2001 90922 002 ***158.75

757849



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5353 SW 40 AVE FT LAUDERDALE FL 33314		Mailing Address 5353 SW 40 AVE FT LAUDERDALE FL 33314		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">757849</div>  <div style="text-align: center; font-size: 10pt;">DO NOT WRITE IN THIS SPACE</div>	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2097698 <div style="float: right; text-align: right;"> Applied For Not Applicable </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MULVEY, ROSE 5353 SW 40 AVE FT LAUDERDALE FL 33314				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MULVEY, ROSE B 5353 SW 40 AVE FT LAUDERDALE FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose B. Mulvey R.N. Pres., Rose B. Mulvey, 4/25/01-954-962-8549

CR2E034 (10/00)