

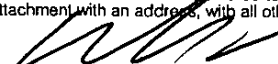


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90045 035 ***158.75

DOCUMENT # F93000002513 1. Entity Name LIBERTY ASSISTED LIVING CENTERS OF FLORIDA, INC.					
Principal Place of Business 3073 HORSES DR. STE. 100 NAPLES, FL 34104 US			Mailing Address 3073 HORSES DR. STE. 100 NAPLES, FL 34104 US		
2. Principal Place of Business 3073 HORSESHOE DR. STE. 100 NAPLES, FL		3. Mailing Address 3073 HORSESHOE DR. STE. 100 NAPLES, FL			
Suite, Apt. #, etc. STE. 100		Suite, Apt. #, etc. STE. 100		01262005 Chg-P CR2E034 (10/03)	
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 58-2051808	
Zip 34104		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WAGNER, GOERGE P JR. <input type="checkbox"/> Delete 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, DAVID SR <input type="checkbox"/> Delete 1853 LITTLE RIVER RD. FLAT ROCK, NC 28731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP. PARRISH, ALAN <input type="checkbox"/> Delete 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAWLES, THOMAS E JR <input type="checkbox"/> Delete 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104		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	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  President 4/4/05 239-262-8006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Alan D. Parrish