

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000002513

1. Entity Name
LIBERTY ASSISTED LIVING CENTERS OF FLORIDA, INC.



Principal Place of Business

**3073 HORSESHOE DR SOUTH
STE. 100
NAPLES, FL 34104 US**

Mailing Address

**3073 HORSESHOE DR SOUTH
STE. 100
NAPLES, FL 34104 US**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2051808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD WAGNER, GOERGE P JR. 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATTHEWS, DAVID SR 1512 NOTTINGHAM KNOLL JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAWLES, THOMAS E JR 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104
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05/28/08-80021-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

George P. Wagner, Jr. 4-30-08 239-963-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #