

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006154 (6) 1. Corporation Name Integrated Living Communities of St. Petersburg, Inc.					
Principal Place of Business 896 73rd Avenue N. St. Petersburg, FL 33702			Mailing Address 5327 N. Sheridan Rd. Suite 100 Chicago, IL 60640		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/96 4. FEI Number 65-0717442 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent C-T Corporation System 1200 South Pine Island Road Plantation, FL 33324			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE ☒ DELETE NAME D Lisa Merritt STREET ADDRESS 469 Carica Road CITY-STATE-ZIP Naples, FL 34008		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☒ Addition 1.2 NAME P/S IT 1.3 STREET ADDRESS Daniel N. Neidich 1.4 CITY-STATE-ZIP 85 Broad Street New York, NY 10004			
TITLE ☒ DELETE NAME COB Kayda A. Johnson STREET ADDRESS 7460 Avenida De Palais CITY-STATE-ZIP Carlsbad, CA 92009		2.1 TITLE ☐ Change ☒ Addition 2.2 NAME v/s IT 2.3 STREET ADDRESS Michael K. Klingher 2.4 CITY-STATE-ZIP 85 Broad Street New York, NY 10004			
TITLE ☒ DELETE NAME CFO T John B. Poole STREET ADDRESS 12190 Wellesely Court CITY-STATE-ZIP Fort Myers, FL 33913		3.1 TITLE ☐ Change ☒ Addition 3.2 NAME v/s 16c 3.3 STREET ADDRESS Stephen Levy 3.4 CITY-STATE-ZIP 5327 North Sheridan Road, Suite 100 Chicago, IL 60640			
TITLE ☒ DELETE NAME S GERALYN Kidera STREET ADDRESS 12733 Devonshire Lake Circle CITY-STATE-ZIP Fort Myers, FL 33913		4.1 TITLE ☐ Change ☒ Addition 4.2 NAME v/s IT 4.3 STREET ADDRESS Elizabeth A. O'Brien 4.4 CITY-STATE-ZIP 85 Broad Street New York, NY 10004			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE ☐ Change ☒ Addition 5.2 NAME D I V 5.3 STREET ADDRESS Stuart M. Rothberg 5.4 CITY-STATE-ZIP 85 Broad Street New York, NY 10004			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE ☐ Change ☒ Addition 6.2 NAME v/s 6.3 STREET ADDRESS William B. Kaplan 6.4 CITY-STATE-ZIP 5327 North Sheridan Road, Suite 100 Chicago, IL 60640			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stacy [Signature] **Vice President** **5/26/98** (773) 878-6333