

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000925

FILED
Apr 01, 2009
Secretary of State

Entity Name: ARV ASSISTED LIVING, INC.

Current Principal Place of Business:

401 S. FOURTH STREET
SUITE 1900
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

401 S. FOURTH STREET
SUITE 1900
LOUISVILLE, KY 40202

New Mailing Address:

FEI Number: 33-0160968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MOORE, JOHN
Address: 401 S. FOURTH STREET, STE 1900
City-St-Zip: LOUISVILLE, KY 40202

Title: CFO () Delete
Name: JESSEE, MARK D
Address: 401 S. FOURTH STREET, SUITE 1900
City-St-Zip: LOUISVILLE, KY 40202

Title: COO () Delete
Name: HARDING, JULIE
Address: 401 S. FOURTH STREET, SUITE 1900
City-St-Zip: LOUISVILLE, KY 40202

Title: SVP () Delete
Name: ARMSTRONG, DOUGLAS
Address: 245 FISCHER AVENUE, STE D-1
City-St-Zip: COSTA MESA, CA 92626

Title: SEC () Delete
Name: HUDSON, BRYAN
Address: 401 S FOURTH STREET, SUITE 1900
City-St-Zip: LOUISVILLE, KY 40202

Title: DIR (X) Delete
Name: KASMAN, JOSEPH D
Address: 30 ROCKFELLER PLAZA
City-St-Zip: NEW YORK, NY 10020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MOORE, JOHN A
Address: 30 ROCKFELLER PLAZA, 50TH FLOOR
City-St-Zip: NEW YORK, NY 10020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W. BRYAN HUDSON

SECR

04/01/2009

Electronic Signature of Signing Officer or Director

Date