2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000925

Entity Name: ARV ASSISTED LIVING, INC.

FILED Apr 15, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

401 S. FOURTH STREET SUITE 1900 LOUISVILLE, KY 40202

Current Mailing Address: New Mailing Address:

401 S. FOURTH STREET SUITE 1900 LOUISVILLE, KY 40202

FEI Number: 33-0160968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

OFFICERS AND DIRECTORS:

Title: CEO

Name: MOORE, JOHN A

Address: 30 ROCKEFELLER PLAZA, 50TH FLOOR

City-St-Zip: NEW YORK, NY 10020

Title: CFO

Name: JESSEE, MARK D

Address: 401 S. FOURTH STREET, SUITE 1900

City-St-Zip: LOUISVILLE, KY 40202

Title: COO

Name: HARDING, JULIE

Address: 401 S. FOURTH STREET, SUITE 1900

City-St-Zip: LOUISVILLE, KY 40202

Title: SVP

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

Title: SEC

Name: HUDSON, BRYAN

Address: 401 S FOURTH STREET, SUITE 1900

City-St-Zip: LOUISVILLE, KY 40202

Title: SRVP

Name: ALEXANDER, MARK A

Address: 401 S FOURTH STREET, SUITE 1900

City-St-Zip: LOUISVILLE, KY 40202

I hereby 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 all other like empowered.

SIGNATURE: W. BRYAN HUDSON SECR 04/15/2011