# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # H56208

1. Entity Name
BAYVIEW RETIREMENT HOME, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2625 N.E. 13TH COURT<br>FT. LAUDERDALE, FL 33304 | 2625 N.E. 13TH COURT<br>FT. LAUDERDALE, FL 33304 |

03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2210777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHMAN, ALICE B.
2625 NE 13TH COURT
FT. LAUDERDALE, FL 33304

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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 _____ DATE
(Signature required for registered agent change) (NOTE: Registered agent signature required for reinstatement)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | ROTHMAN, ALICE B. |
| STREET ADDRESS | 2625 N E. 13TH COURT |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33304 |
| TITLE | |
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04/10/07-80020-020 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:** Alice B. Rothman
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Document #