2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/28/2008-90002-020-$158.75-$158.75

DOCUMENT # H56208

1. Entity Name

BAYVIEW RETIREMENT HOME, INC.

FILED
2008 JUL 14 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2625 N.E. 13TH COURT FT. LAUDERDALE FL 33304	2625 N.E. 13TH COURT FT. LAUDERDALE FL 33304

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2625 NE 13 ct	2625 NE 13 ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdal fl	City & State: Fort Lauderdale Fla
Zip: 33304 Country: Baward	Zip: 33304 Country: Brahard

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	7. Name and Address of New Registered Agent
ROTHMAN, ALICE B. 2625 NE 13TH COURT FT. LAUDERDALE FL 33304	Name: Alice B Rothman Street Address (P.O. Box Number is Not Acceptable): 2625 N.E. 13 ct City: Fort Lauderdale FL Zip Code: 33304

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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROTHMAN, ALICE B. 2625 N.E. 13TH COURT FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500133269595 07/22/08--01013--014 **400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	address change 2625 NE 13th Court Fort Lauderdale FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Barton Rothman 2-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #